Haiti

Country Operational Plan (COP)

2019

Strategic Direction Summary

June 11, 2019

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UNAIDS Spectrum 2019 estimated 153,083 people living with HIV (PLHIV) in Haiti. Progress toward 95-95-95 targets show – 75% of all PLHIV know their status, 80% of those that know their status are on ART, and 76% of those that have received a viral load test have achieved viral suppression. Among those PLHIV, 60% have been initiated and retained on antiretroviral therapy (ART) [91,492 PLHIV] and 76% were virally suppressed. Figure 1.2 below shows the slow growth of the PEPFAR program in Haiti. For the last three years progress towards epidemic control has been stalled due to the persistently high rate of lost to follow-up (LTFU). Approximately 32,832 of TX_New have been lost over the past 3 years, representing nearly half of the number of new enrollees for that period. PEPFAR Haiti must urgently improve the clinical cascade in order to achieve epidemic control by the end calendar year 2020.

Figure 1.1: 2019 Haiti National Clinical Cascade

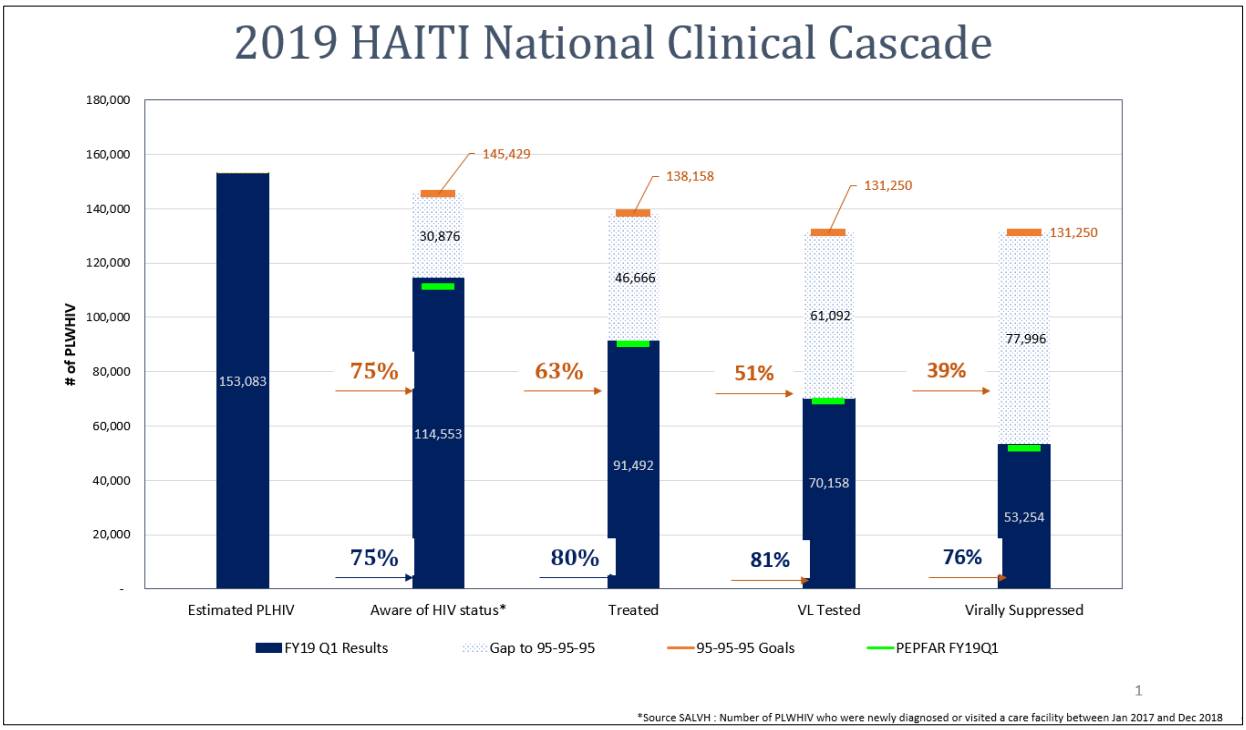
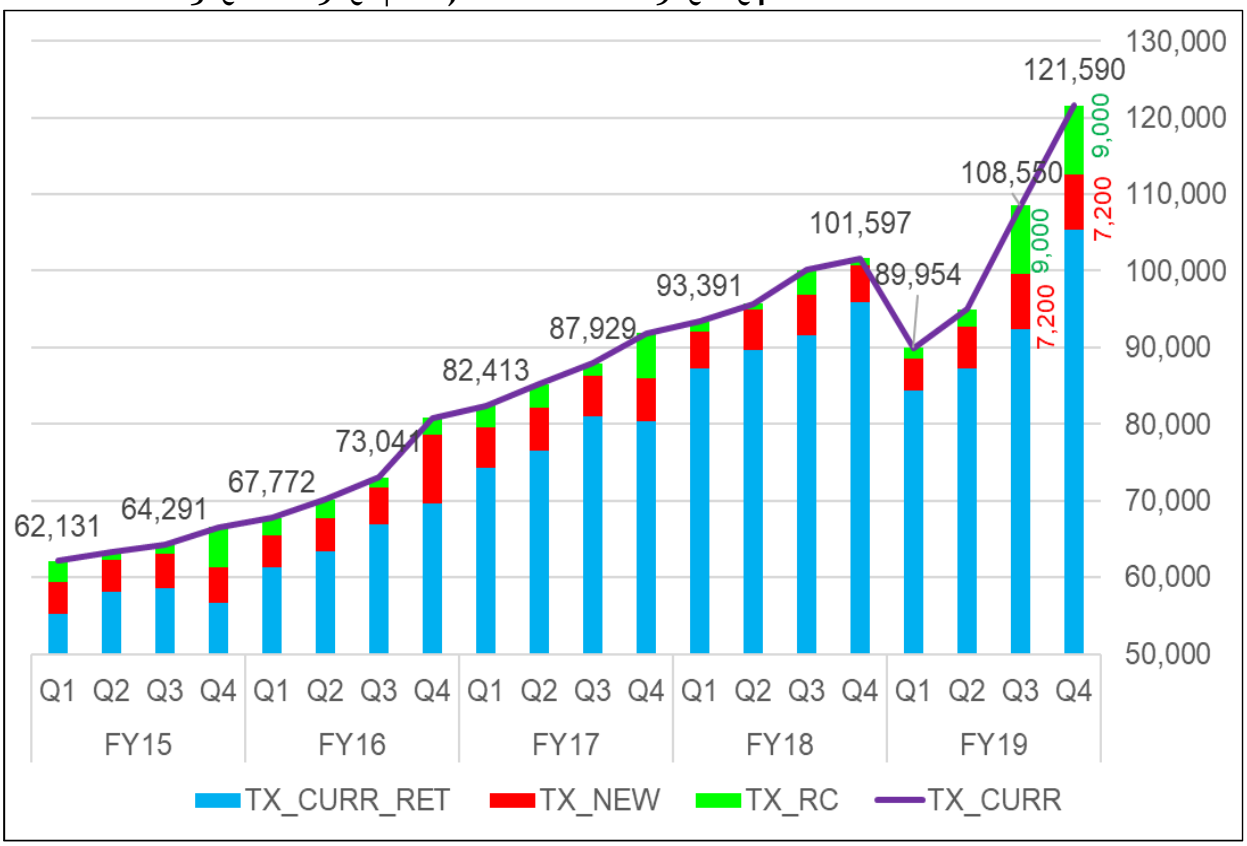


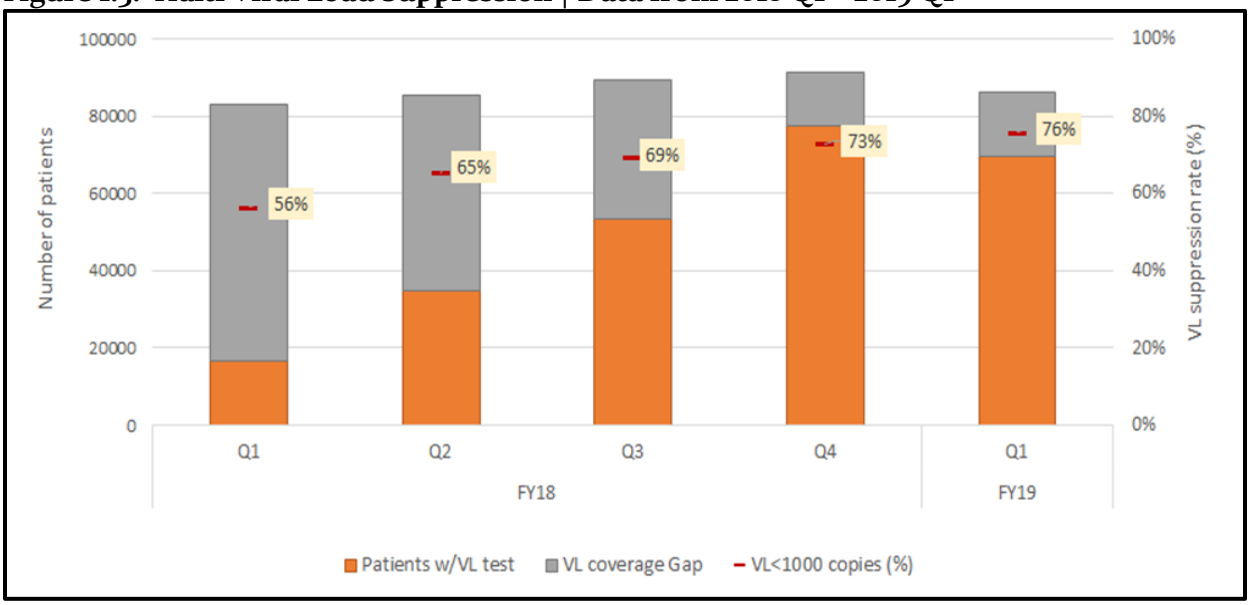
Figure 1.2: Haiti Treatment Trends
Data from 2015 Q1 – 2019 Q1 | Projections for 2019 Q2-Q4



TX_CURR_RET: PLHIV retained in treatment. TX_NEW: new enrollees in treatment. TX_RC: target number of LTFU PLHIV to be returned to care in COP 2018 / FY 2019 implementation period.

The program has been steadily closing the gap on viral load coverage, with significant increases in the number of clients receiving viral load tests over the last five quarters. The results of these tests, however, demonstrate that almost one-quarter of PLHIV who had a viral load test did not achieved viral suppression. Figure 1.3, shows that among PLHIV on ART, too few are achieving the critical outcome of viral load suppression (VLS). Haiti's nationwide VLS rate of 76%, one of the lowest rate throughout countries with PEPFAR programs. This VLS level signals challenges with treatment adherence.

Figure 1.3: Haiti Viral Load Suppression | Data from 2018 Q1 – 2019 Q1



These critical gaps in retention and ART adherence to treatment require urgent remediation – a paradigm shift in what we are doing, and how we are doing it. Haiti's 2019 COP, therefore, prioritizes the accelerated implementation of the entire suite of evidence-based HIV prevention and treatment services that address the factors hindering Haiti's success:

1. **Improved oversight and accountability for delivery of client-centered services through meaningful inclusion of PLHIV and civil society.** Expanded engagement with PLHIV networks, civil society organizations (CSOs), faith-based organizations (FBOs), and other community stakeholders has demonstrated the need to incorporate these organizations into the HIV service delivery in meaningful ways. To achieve better program outcomes, in COP 2019 the PEPFAR Haiti program will invest in community organizations that have the reach needed to affect change.
2. **Rapid scale of all eligible clients to opt in to 6+ months of multi-month dispensing (MMD).** To respond to clients that cite transportation fees and long queues at facilities as reasons that precipitated their default from treatment, PEPFAR Haiti will provide 6+ MMD for all eligible clients in COP 2019. This strategy is especially important in light of the ongoing civil unrest that Haiti is experiencing.
3. **Rapid transition of all eligible patients to dolutegravir-based regimens, namely fixed-dose combination of tenofovir/lamivudine/dolutegravir (TLD).** To respond to clients that cite side effects as a key factor that precipitated their default from treatment, PEPFAR Haiti will transition all eligible patients to TLD in COP 2019.
4. **Elimination of non-optimized ARV regimens.** Far too many clients on treatment in Haiti continue to be on non-optimized ARV regimens, including 92 clients receiving non-WHO recommended regimens, and 5015 clients receiving NVP-containing regimens. Given the rapid transition to TLD, which is the preferred first-line regimen, PEPFAR Haiti will eliminate all non-optimized ARV regimens in COP 2019.
5. **Effective case-finding.** Targeted, focused testing is a key feature of COP 2019; the most effective testing modalities have been prioritized, namely index testing, testing at

tuberculosis clinics, and optimized provider initiated testing and counseling. A cap will be placed on testing commodities to impede overtesting.

6. **Leveraging the support of Government of Haiti.** COP 2019 will continue to leverage the enabling environment for the HIV response fostered by Government of Haiti, and will benefit from a few critical updates, namely: a task-shifting mandate that officially permits community health workers to deliver key components of HIV service delivery at the community level and increased accountability of government health care workers for the delivery of stigma-free services.
7. **Diversifying our investment.** PEPFAR Haiti will continue close coordination with government and community to hold implementing partners accountable, beginning with the placement of all PEPFAR clinical partners on a programmatic action plan (PAP), effective immediately. Partners who do not meet targets in the programmatic action plans will be placed on Performance Improvement Plans and, if they continue to underperform, will be defunded. By the start of COP20 PEPFAR Haiti will divest from partners that: have not transitioned all eligible PLHIV to TLD; are not providing MMD (6+ months) to all eligible patients; are not retaining new treatment enrollees; or, are not quickly and durably returning to care those that have been LTFU.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

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 $739.60 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 and ninety cents a day and cannot afford the higher quality healthcare provided in private clinics (UNDP, 2016). Haiti's estimated 153,083 PLHIV (UNAIDS Spectrum, 2019) constitutes the greatest burden of HIV/AIDS in the Caribbean region; this is exacerbated by the highest incidence of TB in the Western Hemisphere.

Haiti has a national HIV/AIDS prevalence of 2.7%, with higher prevalence in major cities and among men who have sex with men (MSM), female sex workers (FSW), and prison populations. Drivers of new infections include unprotected transactional and commercial sexual activities as well as unsafe sexual practices among MSM and CSW. The widespread practice of multiple concurrent partnerships and the inequitable social conditions of women and youth are also considered among the key enablers of HIV transmission. Though the overall prevalence remains stable, women and youth showed a higher prevalence than men in the last DHS (2017). The DHS data from 2016-2017 show that HIV prevalence among adults (15-49 years old) in Haiti remained stable at 2%, suggesting meaningful success in ART. Prevention programs including ART for prevention has curbed transmission at a population level. The on-going Haiti population-based HIV impact assessment (HAPHIA) will provide new estimates of the HIV prevalence, viral load (VL) suppression and other specific information such as ARV resistance.

Haiti's weak health infrastructure has not kept pace with Haiti's population growth from 7.5 million people in 1993 to 10.8 million in 2017. 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. Attrition among health care providers at PEPFAR-supported facilities and PEPFAR Haiti's locally engaged staff is also a challenge. Moreover, the country is still recovering from a number of natural disasters and other epidemics in addition to political and economic instabilities. Haitian (including many PLHIV)

emigration to Chile, Brazil and the Dominican Republic, is increasing as a result of all of these domestic factors described previously.

With the UNAIDS 95-95-95 fast track goals set as an achievement objective, the Government of Haiti and partners are aggressively scaling up key aspects of the HIV program to meet the targets by 2020. In regards to the "first 95," only 75% of adult PLHIV know their status, with only 80% of children living with HIV are aware of their status, far below the target of 95% by 2020. Among adult males, knowledge of HIV sero-status is even lower at 62%. In FY18 Q4, PEPFAR-supported facilities tested 216,508 individuals for HIV, identifying positive cases at a rate of 2.1%. In the same fiscal year, PEPFAR Haiti expanded index testing services to all facilities within the PEPFAR Haiti network. The proportion of HTS_TST_POS from index testing increased five times from Q1 to Q4 and accounts for approximately 15% of the total number of individuals testing HIV positive.

Concerning the "second 95," as of March 2019, 91,492 individuals in Haiti were receiving antiretroviral treatment (ART), representing approximately 80% of PLHIV who know their status. The linkage of new HIV positive patients to ART continues to improve and increased from 87% in FY17 to 89% in FY18. However, in order to meet ambitious targets for COP 19, 95% of all new HIV positive patients will need to be linked to treatment and retained on ART.

PEPFAR Haiti supported the substantial scale-up of VL testing in FY18. PEPFAR-supported facilities performed 90,466 VL tests in FY18 compared to 62,770 in FY17. VL testing continues to increase in FY19 Q1, with 69,523 patients already tested for VL (SALVH). The steps towards achieving the "third 95" will still require more programmatic efforts and innovative initiatives to reach the target of 98% of VL coverage -- including VL cascade tracking with real-time feedback to sites and implementing partners to help them monitor their monthly performance. Additionally, focus will be placed on low performing sites throughout the program. While VL suppression improved from 73% in FY18 Q4 to 76% in FY19 Q1, it will likely still fall short of the FY19 target of 92% set for the country by the end of COP19. Chart reviews for patients who are not virally suppressed will be carried out to ensure that these patients are transitioned to more effective regimens if needed.

Table 2.1.1 Host Country Government Results

	Total		<15				15-24				25+				*Source, Year*
			Female		Male		Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Total Population	11,011,688	100	1,787,702	16.24	1,850,281	16.8	1,095,250	9.94	1,109,337	10.07	2,376,350	21.58	2,489,913	22.6	Spectrum 2019
HIV Prevalence (%)		1						1		1		3		2	Spectrum 2019
AIDS Deaths (per year)	3,145														UNAIDS 2017
# PLHIV	153,083		4,521		4,675		8,308		5,407		77,092		53,080		Spectrum 2019
Incidence Rate (Yr)		1.06													UNAIDS 2017
New Infections (Yr)	6,394														UNAIDS 2017
Annual births	275,292														Population reference bureau 2018 data sheet
% of Pregnant Women with at least one ANC visit	91%														DHS 2018
Pregnant women needing ARVs	5622														UNAIDS/ MSPP/P NLS 2018
Orphans (maternal, paternal, double)															
Notified TB cases (Yr)	15,567														WHO

% of TB cases that are HIV infected	997	11.29%													MESI 2019
% of Males Circumcised															
Estimated Population Size of MSM*	38,300	1.1 %													PLACE study 2016
MSM HIV Prevalence		12.9 %													IBBS, 2014
Estimated Population Size of CSW	40,400														PLACE study 2016
CSW HIV Prevalence		8.7 %													IBBS, 2014
Estimated Population Size of PWID															
PWID HIV Prevalence															
Estimated Size of Priority Populations (specify)															
Estimated Size of Priority Populations Prevalence (specify)															
	**If presenting size estimate data would compromise the safety of this population, please do not enter it in this table.*														

Table 2.1.2 90-90-90 cascade: HIV diagnosis, treatment and viral suppression*										
Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate (#)	**HIV Prevalence (%)**	**Estimated Total PLHIV (#)**	**PLHIV diagnosed (#)**	**On ART (#)**	**ART Coverage (%)**	**Viral Suppression (%)**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	11,011,688	1.	153,083	116,419	91,504	60%	58%	959,281	20,120	*19,550*
Population <15 years	3,637,983		9,196	7,335	3,437	37%	44%			
Men 15-24 years	1,082,490	0.3	5,411	2,051	2043	38%	41%			
Men 25+ years	2,126,293	2.8	53,075	38,517	30,125	57%	58%			
Women 15-24 years	1,216,659	0.8	8,310	5,627	4,496	54%	40%			
Women 25+ years	2,376,350	3.2	77,091	61,460	50,889	66%	59%			
MSM	38,300	12.9								*380*
CSW	40,400	8.7								*779*

Figure 2.1.3 National and PEPFAR Trend for Individuals currently on Treatment

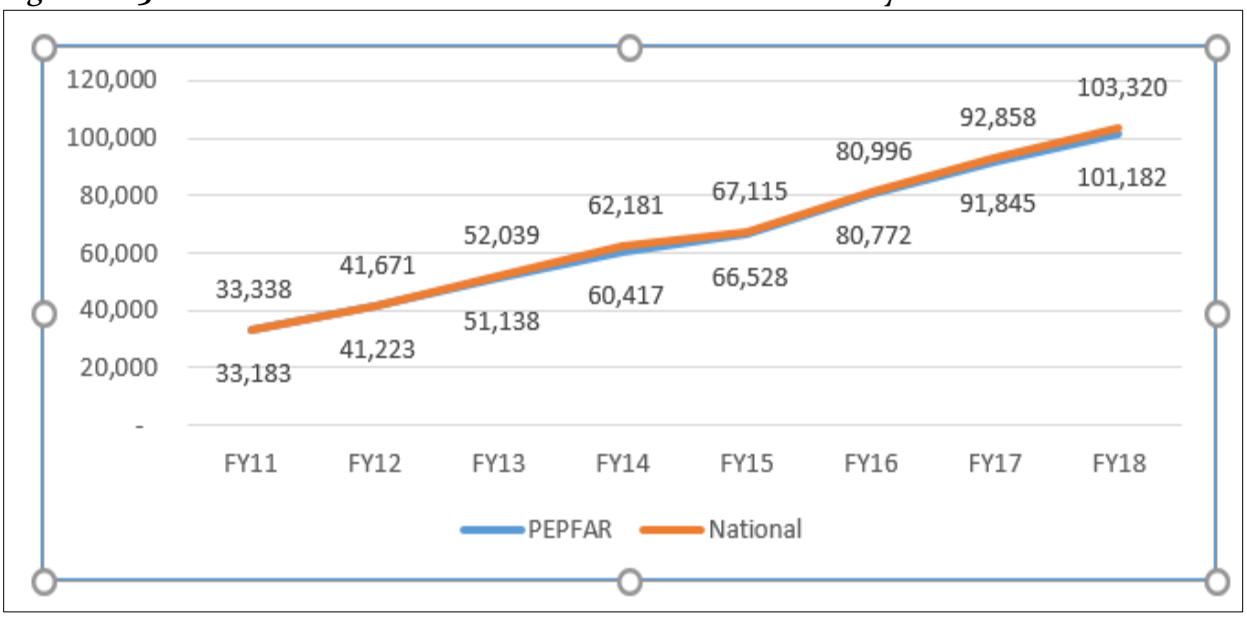
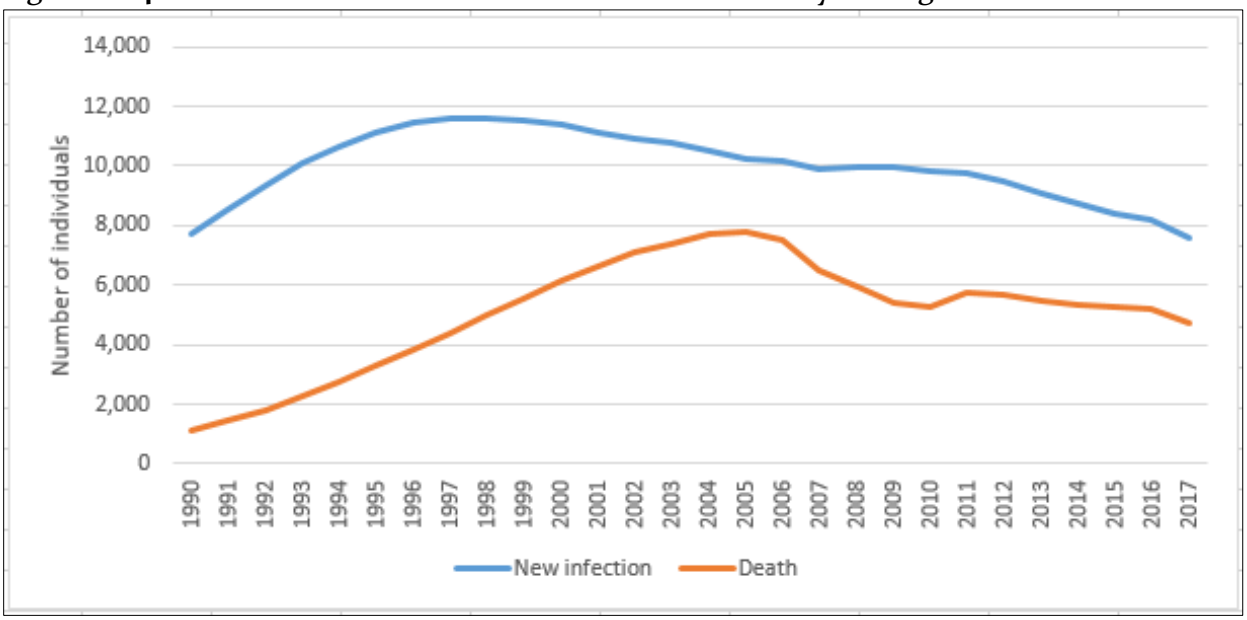


Figure 2.1.4 Trend of New Infections and All-Cause Mortality among PLHIV



2.2 Investment Profile

Haiti's socio-political-economic situation continues to deteriorate. During the last 10 months, the country has endured three changes of Prime Ministers, approximately 300 incidents of street violence, biweekly shortages of available fuel and a severe devaluation of the local currency from 40 Haitian Gourds (HTGs) to one U.S. dollar (USD) in 2015 to 86 HTGs to 1 USD in April of 2019. These factors continue to weaken the already fragile economic conditions in Haiti, directly affecting available revenue for investment in the HIV response.

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. Of the national funds allocated to health, over 90% of the operating budget is allocated to supporting 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. However, MSPP is piloting a program-based budgeting approach with the Ministry of Finance this year to specifically allocate funds for individual programs within the MOH budget that will include a line item for infectious diseases.
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%. PEPFAR Haiti continues to work closely with the Global Fund (GF)'s Country Coordinating Mechanism (CCM) and Population Services International (PSI), the primary recipient of the GF joint HIV/TB grant, to avoid duplication and to leverage GF resources for strategic alignment with PEPFAR goals. The GF grant continuation was recently signed in the amount of $105M for a three-year period (2018 through the end of 2020), including $66M for HIV and $17.9M for TB. The grant continuation and above allocation request were developed in close collaboration with the PEPFAR Haiti team.

Table 2.2.1 Annual Investment Profile by Program Area

Program Area	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
Clinical care, treatment and support	$ 46,553,379	73%	21%	6%	
Community-based care, treatment, and support	$ 484,727	0%	100%	0%	
PMTCT	$ 2,292,367	87%	13%	0%	
HTS	$ 6,963,202	81%	19%	0%	
VMMC	$ -				
Priority population prevention	$ -				
AGYW Prevention	$ 1,557,500	100%	0%	0%	
Key population prevention	$ 3,414,689	23%	77%	0%	
OVC	$ 8,051,252	93%	7%	0%	
Laboratory	$ 2,067,972	44%	56%	0%	
SI, Surveys and Surveillance	$ 2,847,278	58%	42%	0%	
HSS	$ 3,954,145	63%	35%	2%	
Total	$ 78,186,510	73%	24%	3%	

Table 2.2.2 Annual Procurement Profile for Key Commodities

Commodity Category	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
ARVs	$ 13,115,538	73%	27%		
Rapid test kits	$ 2,726,298	67%	33%		
Other drugs	$ 904,645	82%	18%		

Lab reagents	$ 812,700	62%	38%		
Condoms	$ 113,435	0%	100%		
Viral Load commodities	$ 3,284,677	69%	31%		
VMMC kits					
MAT					
Other commodities					
Total	$ 20,957,293	72%	29%		

Table 2.2.3 Annual USG Non-PEPFAR Funded Investments and Integration					
Funding Source	**Total USG Non-PEPFAR Resources**	**Non-PEPFAR Resources Co-Funding PEPFAR IMs**	**# Co-Funded IMs**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
USAID MCH	$14,000,000	$12,320,000	4	$11,385,678	There are 4 USAID implementing mechanisms that receive PEPFAR, MCH, and FP funds. USAID works through an integrated strategy to improve health outcomes— meaning these projects support service delivery and health system strengthening across multiple program areas. This integrated approach improves access and utilization of services and greater effectiveness in strengthening Haiti's health system.
Family Planning	$5,500,000	$4,600,000	-	-	USAID-financed FP commodities are procured and provided to all PEPFAR service delivery sites.
HHS Post Earthquake Supplemental Funding	$5,006,000	$1,500,000	3	-	The purpose of these resources is to support the provision of high-quality integrated

					TB/HIV services and operation of critical supported disease surveillance and detection systems.
Total	**$24,506,000**	**$18,420,000**	**$7**	**$11,385,678**	

Table 2.2.4 Annual PEPFAR Non-COP Resources, Central Initiatives, PPP, HOP						
Funding Source	**Total PEPFAR Non-COP Resources**	**Total Non-PEPFAR Resources**	**Total Non-COP Co-funding PEPFAR IMs**	**# Co-Funded IMs**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
HAPHIA	Final budget is available from CDC HQ	-	-	-	-	To fund the implementation of a PHIA in Haiti.
Total	**TBC**					

2.3 National Sustainability Profile Update

The PEPFAR Haiti team and stakeholders completed a PEPFAR Sustainability Index and Dashboard (SID) exercise in fall 2017, which followed a process that was similar to one completed in 2015. The two PEPFAR SID workshops included participation by the MSPP, through PNLS, civil society, and other multilaterals. UNAIDS was a key partner to plan and conduct the SID process.

<u>Sustainability Strengths</u>

- Quality Management

Quality management is well integrated at different levels including national, regional, and site levels with a national coordination entity chaired by the General Director of MSPP. In a collaborative effort, health facilities develop continuous quality improvement activities to address weaknesses and improve health services. In the second part of COP18 and in COP19, MSPP is planning to reinforce this aspect even further by increasing the role of health departmental directorates in ensuring that the quality of services provided at the site level is optimal and respect the national guidelines and protocols.

- Planning and Coordination

Over the last ten years, MSPP, through PNLS, has made significant progress in its capacity to plan and coordinate the HIV response in Haiti. The multi-year, multi-sectoral national strategic plan for

HIV is revised in a timely manner to address new challenges and a plan that extends past 2020 was recently approved. These are participatory processes with strong leadership from the MSPP and technical assistance from external stakeholders; however, there is a continued gap in the involvement of the private sector. In COP19, the coordination of HIV/AIDS activities implemented in the country will be also reinforced by the creation of a national HIV monitoring board that will include representatives from the CSOs, donors, and UNAIDS, in addition to the government.

- Performance Data

Since the beginning of the program, the MSPP, through PNLS, has made service delivery data collection and quality assurance a priority; the government maintains an integrated HIV case-based surveillance system, SALVH (French acronym Haitian Active Longitudinal Track of HIV System), with the support of external donors, including PEPFAR Haiti. As the program matures, data usage and sharing will become more transparent, in line with PEPFAR goals. In addition, PEPFAR Haiti will continue funding the MSPP's integrated health information system, SISNU (French acronym Unique National Health Information System) to ensure its interoperability with the National HIV reporting platform, MESI, and to ensure private clinics report HIV testing. Under the leadership of MSPP, PEPFAR Haiti will continue supporting PNLT (National TB Program) in expanding TB Tracker to cover MDR, INH prophylaxis, contact tracing, and use the TB Tracker system to ensure that all co-infected living with HIV and TB are linked to PEPFAR supported sites for ART.

<u>Sustainability Weaknesses</u>

- Human resources for health (HRH)

1) Lack of retention schemes to prevent vacancy and high turnover: MSPP has prepared a plan for HRH retention in rural areas, but this plan has not yet been published or implemented.
2) No official plan to transition donor-supported health workers to local support: For COP19, the PEPFAR team discussed with MSPP the possibility of transitioning some PEPFAR-supported HRH to MSPP. PEPFAR Haiti will work closely with MSPP's Human Resources Directorate to develop a transition plan that addresses the gaps in HIV response.
3) Sub-optimal supply of HRH for effective task-sharing: MSPP is issuing written guidance to reinforce task-sharing policies, re-emphasizing the role for community health workers in several aspects of HIV/AIDS service delivery, and re-affirming the endorsement of trained nurses providing HIV clinical services, for both adults and children.

- Commodity Security and Supply Chain

MSPP does not provide any funding for the procurement of HIV commodities, including antiretrovirals (ARVs) and rapid test kits (RTKs) which are essential to reach the UNAIDS goals for 2020. However, MSPP participates actively in national quantification exercises to plan for anticipated needs of HIV commodities and is actively involved in guiding policy and strategy for an integrated national supply chain. By 2020, MSPP will be able to take ownership of this activity by conducting the national quantification on their own. In addition, PEPFAR Haiti will work closely with MSPP on the possibility of progressively assuming responsibility for locally procured non-ARV commodities that are used by PLHIV.

- Private Sector Engagement

As the funding from external sources tends to decrease for the HIV response, the GOH understands that there should be a constructive dialogue and engagement with the private sector and civil society that may compensate for this lack of funding. MSPP has started a process to leverage

domestic private resources to support educative messaging about HIV, ART, and Viral Suppression for the population. Haiti's civil society forum is increasingly inclined to embrace the notion of social responsibility through their supporting/supportive actions.

2.4 Alignment of PEPFAR investments geographically to disease burden

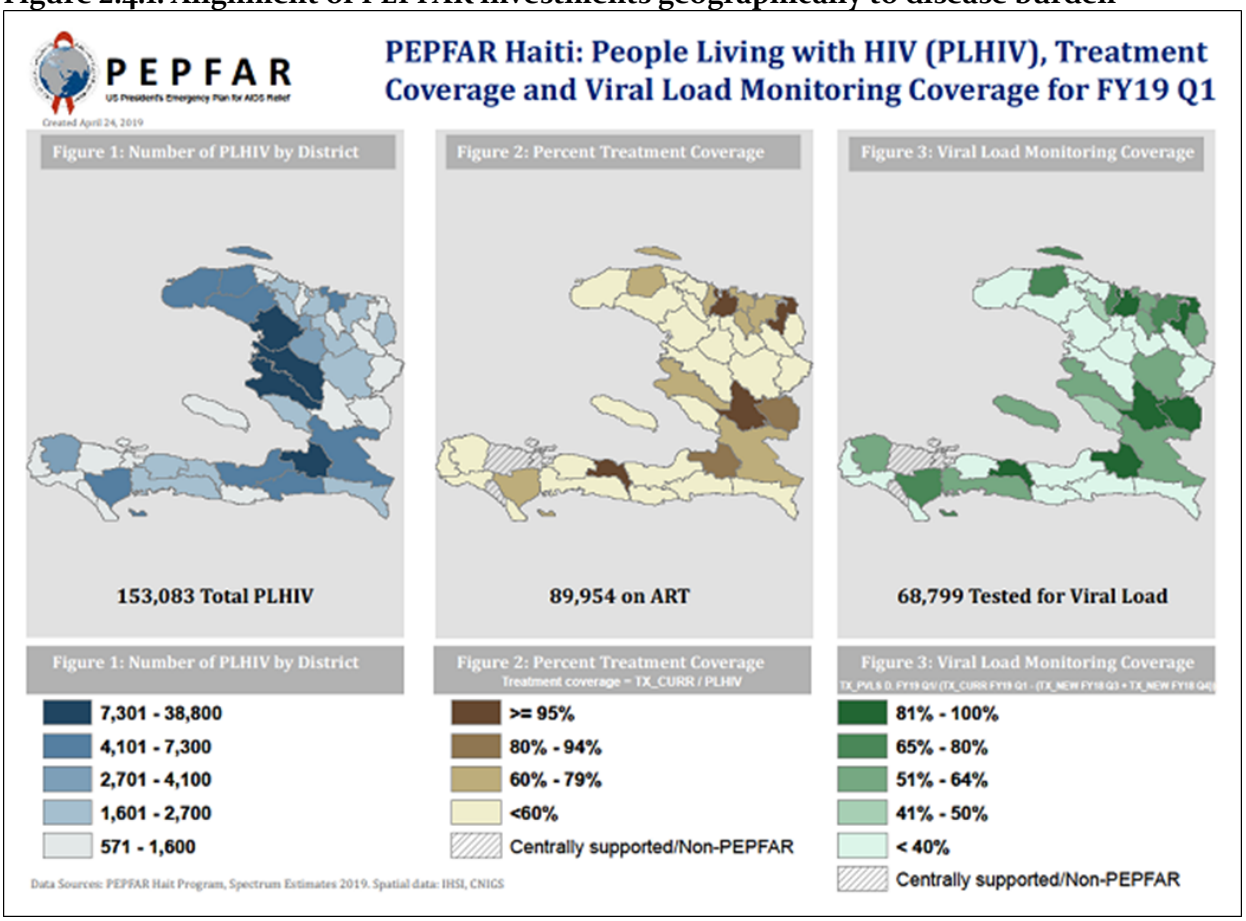
In COP19, PEPFAR Haiti will continue to focus its investments in 20 prioritized arrondissements, including a cluster of three arrondissements, as identified through the geographic prioritization exercise and program pivots undertaken during COP15 - COP18, with slight revisions based on programmatic data.

Analysis of programmatic and financial data show an overall alignment of investments with both the geographic distribution of PLHIV and the population enrolled on ART. PEPFAR-supported sites and services are located in areas with a high burden of PLHIV, resulting in a higher volume of people being enrolled on ART in these areas. Around 87% of PLHIV newly enrolled on ART in FY18, and around 89% of PLHIV on ART with PEPFAR support, are located in Scale-Up arrondissements.

During FY18, VL monitoring was scaled up in all ART sites in the country. Additionally, PEPFAR Haiti supported the training of personnel for specimen collection and the strengthening the National Specimen Referral Network (NSRN) to bring specimens to the two central labs in Port-au-Prince and return results. With this system, VL tests results are available to all sites nationwide within an average of 18 days. Significant progress has been made in terms of coverage, as well, with nearly four times the number of patients receiving VL tests in FY19 Q1 (approximately 69,000) compared to FY18 Q1 (approximately 17,000). Reinforced monitoring of sites (to ensure that VL requests are made in a routine manner for all eligible PLHIV on ART in accordance with national guidelines), as well as demand creation and treatment literacy, will close the remaining coverage gaps (see Figure 2.4.1) observed in some arrondissements.

In COP19, PEPFAR Haiti will continue to ensure alignment of resources and investments with prioritization of arrondissements, programmatic data, and strategic shifts.

Figure 2.4.1. Alignment of PEPFAR investments geographically to disease burden



2.5 Stakeholder Engagement

The PEPFAR Haiti team engaged stakeholders, including the host country government, the GF and its principal recipient (PR) and sub-recipients (SRs), and PLHIV groups and civil society organizations (CSOs) at multiple points in the COP19 development process. PEPFAR, jointly with the National HIV Control Program (PNLS) and UNAIDS, organized a consultation with CSOs on TLD in November 2018, as the new regimen was being rolled out in country. Stakeholders were then involved in several stages of the development of the COP in January through April 2019, including joint and individual meetings with the MSPP, the National HIV Control Program (PNLS), and PEPFAR Implementing Partners. In January 2019, the OGAC Haiti Chair, along with the PEPFAR Haiti team, also had two meetings with PNLS, UNAIDS, GF and its SRs, and implementing partners after the Planning Level Letter was received to discuss challenges of HIV care in Haiti and to identify how PEPFAR-funded activities in COP18 and COP19 need to accelerate and change to achieve an increased pace toward epidemic control. In addition, several meetings with CSOs were held to discuss barriers to HIV care and how CSOs can help address these barriers, how to improve communication around key messages for HIV, and other assessments of PEPFAR-funded activities. Other key messages discussed with stakeholders during the COP19 planning process included targeted HIV testing, increasing demand for VL, improving retention and adherence, and scaling up on a flat budget. Finally, focus groups were held with PLHIV during the COP planning process to seek clients' feedback on the quality of PEPFAR-supported services and key challenges to

retention in treatment. Stakeholder input was integrated into COP19 planning and is reflected in this document.

3.0 Geographic and Population Prioritization

Table 3.1 Current Status of ART saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP19**	**# Current on ART (FY18 National*)**	**# of SNU COP 18 (FY19)**	**# of SNU COP19 (FY20)**
Attained	N/A	N/A	N/A	N/A
Scale-up Saturation	88,384 / 58%	77,345	15	12
Scale-up Aggressive	25,782 / 17%	13,372	7	5
Sustained	34,134 / 22%	10,700	14	17
Central Support	2,698 / 2%	180	3	5
Not Supported	2,085 / 1%	0	1	1

In COP19, PEPFAR Haiti will continue to focus on 20 priority arrondissements (districts). The 20 scale-up districts/cluster (Saturation and Aggressive) prioritized for COP19 represent 90% of patients in the cumulative national ART cohort. With revised Spectrum estimates aligned with programmatic data, seven SNUs will be re-categorized, in regards to their trajectory to achieve 90% treatment coverage for both males and females within all age-bands and risk groups by 2020. Two SNUs, Fort-Liberté and Aquin, categorized as scale-up aggressive in COP18, will be re-categorized to scale-up saturation given that programmatic data and Spectrum estimates are aligned with expectations of 90% ART coverage across all ages and gender by 2020. One scale-up saturation district in COP 18, Dessalines, will be categorized down in COP 19 as aggressive scale-up SNU, since it is not expected to reach 90% of PLHIV at all ages, gender and risk groups by 2020. Based on low HIV yield, despite combination of facility-based and community based approaches, two COP 18 scale-up aggressive SNUs (Hinche and Lascahobas) will be re-categorized as sustained, and will consequently receive the appropriate package of services for this level of prioritization, meaning a focus on treatment retention, coupled with passive HIV testing and enrollment, and essential laboratory services. Moreover, the district Grande-Rivière du Nord, which was categorized sustained in COP 18, will be moved to scale-up aggressive level with an overall goal of an increased rate of "new on ART" but is not expected to reach 90% ART coverage of PLHIV by 2020.

As it relates to attainment, new Spectrum estimates showed that no district had over 90% ART coverage at the end of FY18 in both males and females within all age bands. However, one SNU, Mirebalais, has attained over 90% of ART coverage in female for all age–bands, with gaps in coverage for only three male age groups. Given the low HIV yield at Mirebalais, and the broad high ART coverage, this SNU will benefit in COP19 from the Attained/Sustained package of services. Môle Saint-Nicolas remains categorized down as Scale-up Aggressive, given that programmatic

data still do not align with expected goals based on district PLHIV estimates. Further analysis is needed to ensure that current PLHIV estimates are valid for all age/gender groups in this district. Additionally, the arrondissements of Port- au Prince, Croix des Bouquets and Leogane, will remain grouped in COP 19, as the "Greater Port-au-Prince Cluster" to better adjust targeting by accounting for constant population migration and movements between the three areas.

The triangulation of Spectrum estimates and programmatic data have demonstrated that there are large gaps across all age and sex groups, with larger gaps among men of different age groups, across all SNUs in the country. In COP 19, PEPFAR Haiti will address the broad gaps in prioritizing men, adolescent girls and young women. In addition, the program will focus on key and priority populations to address the unmet needs to achieve epidemic control.

Finally, the PEPFAR Haiti program will implement strategies to cover the needs of the PLHIV crossing the Haiti/DR border, especially at the three main border crossing areas. In COP19, PEPFAR Haiti will use mobile clinics on an as needed basis, operating from sites nearby the Haiti/DR border, to provide tailored services to patients engaged in cross-border activities. PEPFAR Haiti will also explore incorporating HIV services to non-HIV sites near the border. Special packages, with extended multi-month dispensing of greater than 6 months of ART and OI drugs, will be offered to this mobile group of individuals.

4.0 Program Activities for Epidemic Control in Scale-Up Locations and Populations

4.1 Finding the missing, getting them on treatment, and retaining them

Retention on treatment

Retention on treatment continues to be the biggest recurring challenge of the HIV program in Haiti. For the remainder of COP18 and in COP19, PEPFAR Haiti will implement two campaigns to address this issue: the **Retention Surge** and the **"Welcome Back" Return to Care Campaign**.

Retention Surge: PEPFAR Haiti will use a patient-centered service delivery model to improve adherence and retention. All the PEPFAR-supported sites will execute the SOP disseminated by the National AIDS Program to improve linkage and retention. During ART counseling, the patients will be encouraged to sign an engagement agreement with the site to comply with the providers' prescriptions and recommendations in order to boost the patient ownership in lifelong treatment. The program will support PNLS to update and disseminate an SOP for retention to care including job-aids to be posted on clinic walls to ensure that site providers prioritize non-adherent and lost patients To ensure implementation of SOP with fidelity, specific targets for onsite mentoring will be set for IPs, and clinical TA partners. Further, the PEPFAR Haiti technical team will conduct regular site supervision to assess implementation. Additionally, the main reasons for LTFU captured in the Patient Linkage and Retention (PLR) system will guide some implementation shifts such as multi-month drugs dispensation (3-6+ months), community drug distribution, clinic hour's expansion, regimen optimization and accelerated transition to dolutegravir-based regimens. In addition, the retention strategies will be adapted for different PLHIV groups to address specific age and gender groups. For example, sites will offer adolescent and youth friendly services for 15-24 year-old individuals. This comprehensive package of services to support new and established

patients to stay in care will also include patient-friendly environment, psychosocial support and treatment literacy, and referral to other services such as household economic strengthening and support groups. PEPFAR Haiti will also ensure appropriate coaching and measures to prevent stigma and discrimination in supported sites. Language around elimination of stigma and discrimination is also included in the MSPP circular and the programmatic action plans.

"Welcome Back" Return to Care Campaign: The USG team along with Haitian stakeholders and civil society have identified retention as our main problem. The "Welcome Back'" campaign is an aggressive initiative to track the recently lost to follow-up clients with a focus on those lost in the past 3 years, starting with those lost during the last 6 months of care. An emphasis will be put on the 52 sites with the highest lost to follow-up rates to intensify granular site management and maximize our efforts. Different from previous Return to Care campaigns, this campaign is marked by weekly data monitoring closer supervision of partners and sites, clear guidance in the MSPP circular, and input and feedback from CSO and PLHIV associations. In addition, partners who are unsuccessful at APR 2019 will be placed on PIPs; PEPFAR Haiti will divest entirely from partners who continue to underperform.

The team has elaborated a "tracking smarter" approach to prevent the lost to follow-up; for instance, encouraging sites to employ reminder calls 7 days before appointments and mobilizing community health workers to bring clients who missed appointments back to care within 25 days. The sites will use biometric coding for all HIV+ positive patients, solving the issue of silent transfer as site managers will have the ability to identify patients enrolled in multiple sites. Updated SOP will provide guidance on how to conduct counseling to help patients decide on the more convenient site and how to assist and document this transfer.

To achieve this milestone, as described in the MSPP circular, a reprioritization of tasks is needed for community health workers and social workers, such that these HRH focus first on client retention. In addition, sites will be advised on the appropriate number and cadre of human resources for this efficient tracking necessary to bring back the LTFU to care and prevent patient attrition. PEPFAR Haiti has taken into account recommendations from civil society for this approach: the message for PLHIV brought back to care and treatment will focus on better understanding how to support patients and avoid blame.

<u>Optimized case finding</u>

In COP19, optimized case-finding will allow us to close the gap in the first 95, by expanding high yield modalities and use of a screening tool to identify at risk clients, such that generalized testing is reduced but case-finding is improved. PEPFAR Haiti, in collaboration with MSPP, will roll-out standardized screening tools for both adults and children to determine eligibility for HIV testing, assessing risk based on high-risk behavior, suggestive signs and symptoms, TB, and pregnancy. To ensure compliance with the targeted testing approach, the supply chain partner will implement a flagging system for partners who exceed the expected number of HIV tests without an increase in the number of positives. Strategies for targeted testing to be scaled include index case testing, social networking for key populations (KPs), full HIV testing coverage of TB patients, and self-testing for KPs and priority populations.

Scale up of Index Case Contact Testing and implementation with fidelity:

Index case contact testing will remain a priority in COP19. This strategy has been standardized by PNLS to help ensure that all sites are implementing index case testing with fidelity, offering all contacts of HIV positive individuals HIV testing services, without disclosing the index client's status. Implemented in less than 40 sites in April 2018, index contact testing has been rolled out to all PEPFAR sites in less than a year, with an overall yield of 26% in FY19 Q1. However, this effective strategy has not been implemented with fidelity or at scale, and there is great variation of yield across sites. For COP18, and COP19, PEPFAR Haiti will increase program oversight to assure fidelity and achieve the overall target yield of 30% for index testing. The proportion of total HIV positives identified through this testing modality has also increased from 3% in FY18Q1 to 14% in FY19Q1. For COP19, PEPFAR Haiti plans to identify over 40% of the new HIV positives found through index testing.

Social Networking Strategies/Enhanced Peer Outreach Approach for Key Populations:
In addition to regular Index Case Contact Testing, other adapted networking testing approaches have been developed for KPs and have demonstrated their capacity to bring a higher yield of positives. The number of KP sites implementing social networking strategies or Enhanced Peer Outreach Approach (EPOA) increased from 3 sites in April 2018 to all 25 non-prison KP sites by April 2019. These approaches have resulted in improved testing yields at all sites, and these strategies will be continued and reinforced in COP19.

Full HIV testing coverage of TB patients:
PEPFAR supported HIV services are already co-located in the main sites providing TB services. 80.2% of TB patients are seen in PEPFAR-supported HIV sites, and 4.2% of the remaining are seen at GF-supported HIV facilities. There is a gap of 15.6% of TB patients being seen in facilities where there is no HIV service. In COP19, PEPFAR Haiti will ensure that proper referral to HIV testing is completed for all TB patients, including the 15.6% of them who are seen in facilities where there is no HIV services. This strategy will ensure that we maximize this second highest yield HIV testing modality (after index testing).

Self-Testing for Key Populations, Serodiscordant couples, and potentially pregnant women:
Self-testing with the OraQuick test is planned to start before the end of COP18, in collaboration with evolving community health worker guidelines. PNLS has issued self-testing guidelines this year, which will be instrumental in implementing the roll-out. OraQuick tests are already available in country. Self-testing will be rolled out for key populations, sero-discordant couples, and, potentially, for pregnant women who are not receiving HIV-testing in antenatal care sites supported by USAID MCH funds. In COP19, PEPFAR Haiti, in collaboration with MSPP, will expand self-testing to reach more people among these groups.

<u>Linkage to Treatment</u>

The proxy linkage to care (TX_NEW/HTS_POS) was approximately 90% in FY19Q1, a decrease compared to 96% in FY18 APR. In COP19, the goal for linkage to treatment will be set at 95%. Strategies to reinforce linkage to treatment will include key components of the "Easy Start" package, such as:

- Post-test counseling focused on patient's understanding of treatment specifics

- Systematic psycho-social assessment and support, to address denials, misconceptions, with referral to additional services such as support groups, OVC, Household Economic Strengthening, etc., as necessary, in order to remove barriers to treatment
- Non-stigmatizing and non-discriminatory services by all providers, ensured by specific clauses in providers' contracts, appropriate trainings, and engaging CSOs to help hold providers accountable, in order to mitigate the potential role of stigma in loss before enrollment.
- Providers will establish an "ART engagement agreement" with all new PLHIVs that will help assess the understanding of the PLHIV, educate them on the treatment, and secure the PLHIV's engagement in the goal of viral suppression, with milestones setting. This approach breaks with past tradition of considering HIV patients as passive elements, and encourage them to play an active role in their treatment plan. Initial discussions about this agreement will be done quickly after diagnosis, in order for PLHIV to immediately engage in actively demanding treatment services, as a means to improve linkage.
- Making adapted information about HIV and ART more available to PLHIV, especially the newly diagnosed.
- Systematic biometric coding registration and verification of address by geo-location, to ensure that patients can be found if they are lost before enrollment.
- Inclusion of peer educators/navigators, as part of the care and treatment team, to guide newly-diagnosed patients through the clinic circuit, providing examples of people who are living positively on treatment, in order to increase linkage to treatment and prevent loss before enrollment. The peers will also represent strong role models while promoting best behaviors/practices, and helping the patients be more comfortable talking about issues pertaining to their health such as non-adherence to treatment, stigma experiences and medication side-effects.

Closing the Gap for Men

Gap analysis in Haiti demonstrates a testing and treatment gap for men. The Haiti PEPFAR program will commit in COP 19 to reach men by addressing their barriers smartly and sensitively. The identification and diagnosis of unreached men is essential to breaking the cycle of transmitting HIV to partners, and sexual networks. In Haiti, data suggests that men are less likely to seek out health care, to be tested or to initiate ART treatment.

Messaging to reach men will be more affirming, supportive and encouraging, instead of triggering fear. Men's misconceptions will be addressed with positive messages using community leaders and champions with the full support of the National AIDS Program. The messages will include information about new and safe medications available, the use of differentiated models of care and viral load suppression allowing the patients to live a fully productive and normal lifespan through U=U campaign (Undetectable=Untransmittable). Reaching men through faith-based communities and traditional leaders including voodoo leaders will be promoted extensively with the additional Faith and Community funding initiative. Specific faith-based implementing partners will work with the churches or community-based faith groups to educate their members about the HIV medical progress in Haiti using the U=U campaign.

In COP19, active case finding through index clients will particularly assist in reaching missing men and potential children not diagnosed through early infant diagnosis (EID). Additionally, the program will continue to work with the implementing partners to enhance index testing partner

notification through ANC and MCH by increasing the opportunity of male sexual partners of pregnant women to access HIV testing services, to be linked to care and retained on ART. Fully rolling out social network testing for key populations will help to close more of the gap by reaching men at-risk to acquire HIV, such as individuals who consider themselves heterosexuals but who have sex with men.

The Haiti program will expand the self-testing strategy in COP 19, targeting young men and particularly MSM, and informal sex workers not reached by conventional peer-approaches.

In COP 19, several additional men's clinics will be opened to offer tailored and appropriate services to men, with a special focus on 24-35 years old. Training will be provided to healthcare provider to increase competency in approaching men for testing and linkage to care. In priority SNUs with concentrated KP groups, we will establish men's health clinics or men's corner within existing facilities to support comprehensive services to men, as well as high quality services to key populations in a welcoming and stigma free environment. In other SNUs (inclusive of all border sites), when requested by patients during focus group, individual encounter or satisfaction surveys, extended men's health clinic hours will also address the gap in reaching men. These clinics would address some of the known barriers by providing flexible hours, and outpatient clinics on Saturdays for men, decreasing waiting times for testing/counselling procedures.

The additional efforts to make services "male-friendly" will focus on integrating the men into existing services as part of a package of other services including STI screening, condom distribution and TB screening. ARV dispensation and self-testing will be available at selected male-dominated workplaces, transport hubs, industries or sports events in priority SNUs.

Since the beginning of the epidemics, TB/HIV co-infection has challenged the national efforts, forcing the integration of the two programs. The PEPFAR Haiti Program is committed to reducing the burden of HIV-associated tuberculosis by providing support to the delivery of HIV testing and counseling services for TB-infected patients. Consequently, the program will also target TB clinics non-supported by PEPFAR, using the TB Tracker tool to ensure that all co-infected people identified in these sites are actively referred to PEPFAR sites and linked to treatment.

4.2 Prevention, specifically detailing programs for priority programming

<u>HIV and violence prevention for AGYW and OVC</u>

PEPFAR Haiti remains the main contributor to OVC activities in Haiti and continues to work closely with PNLS and Institut du Bien Etre Social et de la Recherche (IBESR), the government entity responsible for OVC under the Ministry of Social Affairs (MAST). PEPFAR initiated DREAMS programming in Haiti for COP17. Consequently, a geographical focus was placed on districts with a high yield of HIV testing among adolescent girls and young women (AGYW) ages 10-14, 15-19, and 20-24 years old. Based on a geographic analysis of the areas producing the highest yield of female youth testing HIV-positive, four districts are currently targeted -- Port au Prince, Cap-Haitien, Dessalines, and Saint Marc. Those districts are all in Scale-up Saturation areas and also located within departments (Artibonite, North, and West) with a high prevalence of gender-based violence (GBV) as reported by the 2017 DHS. A package of services layered by age band (10-14 and 15-19) has been designed to address the specific needs of these age groups emphasizing prevention interventions. The main components of the package are access to secondary education; positive

parenting for caregivers; community-based GBV prevention, including schools with social services for violence survivors; comprehensive adolescent sexual and reproductive health education and counseling; social asset building; and household economic strengthening (HES) through Savings Groups.

By the start of FY20, HIV and sexual violence prevention among 9-14 year olds will be strengthened through the expansion of CARIS, Parenting Sinovuyo, and Families Matter programming; integration of the three SGAC primary prevention modules into existing programming; and introduction of SASA! or the international version of Coaching Boys into Men as evidence-based community mobilization and norms change interventions.

HES is facilitating the transition for many families from PEPFAR Haiti support and is reducing dependency on OVC education programs. Access to education has been an important element of the PEPFAR Haiti OVC program as it promotes resiliency among adolescent girls and reduces vulnerability. The ratio of girls to boys receiving educational support is currently 51:49, and the dropout rate for girls is below 1%. The Savings Group program aims to empower young women and their families through social and economic strengthening and consequently helps to reduce GBV and decrease HIV risk. Other interventions aiming at risk reduction include access to comprehensive adolescent sexual and reproductive health services, including access to condoms and family planning methods, and linkages to HIV testing services (HTS) for a strengthened continuum of care, particularly focused and scaled-up in areas of high HIV prevalence. In addition to those activities, implementing partners will work with MAST, IBESR and PNLS to link violence GBV survivors to medical, legal and psychological services -- particularly in the DREAMS districts.

Case management of individual beneficiaries of the OVC program is being enhanced through existing mobile phone-based case monitoring tools such as the Open Data Kit (ODK) to ensure a multi-layered package of services is offered to OVCs. The same ODK platform will be rolled out in all districts implementing DREAMS activities during FY19 to ensure that layering of services for these beneficiaries can be tracked by the start of FY20.

For COP19, the OVC and the pediatric AIDS program will continue to strengthen the link to HIV testing, care and treatment services. Lost to follow-up (LTFU) has been an issue across all programs and the consequences have negatively and disproportionately impacted the pediatric population. In order to address this issue, PEPFAR Haiti is directing implementing partners to ensure that all HIV-positive children are enrolled into the OVC program so they can receive the corresponding support to improve retention and ensure adherence, VL testing, and VL suppression. Within the pediatric population, the OVC program will ensure age appropriate support for AGYW through participation in adolescent clubs, peer support groups, and access to education and vocational training for the most vulnerable. A key element of the OVC program will be to help with the transition from adolescent to adult care with the goal to improve retention. Implementing partners will keep ensuring referral access to basic pediatric services related to child survival such as immunization, deworming, Vitamin A supplementation, and screening and treatment for malnutrition. Vulnerable children and youth in high-risk populations (prisons, street children, children of KP) will be prioritized.

PEPFAR will continue to work with the GOH and its partners to roll out the response to the Violence against Children Survey (VACS). The OVC program is coordinating with other partners involved in projects related to child protection, human rights, and human trafficking to address

issues raised by the VACS survey, including settings for post-rape care and networking with the GOH, UNICEF, and other key stakeholders. For COP19, legal services for victims of sexual violence will be provided through leveraging an existing partner funded under the USAID Office of Democracy and Governance.

Children

The most recent estimate by UNAIDS indicates that 9,196 Haitian children are living with HIV. The longitudinal HIV data system (SALVH) shows that between December 2017 and December 2018, 7,335 children were newly diagnosed as HIV-positive or visited a care facility, suggesting a gap of 1,401 children currently exists to reach the "first 95" goal. In order to reach that goal, the program will focus on districts with the highest testing yield and largest pediatric gaps. Furthermore, PEPFAR Haiti will stop routine testing for all children and have a more targeted approach by testing outpatient children using the Bandason risk-screening tool systematically. The program will ensure that all pediatric TB patients are tested for HIV and will intensify index testing activity for children. As of FY19Q1, 3,432 children living with HIV (CLHIV) were active on ART, which represents 39% achievement towards having 95% of CLHIV on treatment.

The overall linkage rates for the pediatric population are strong, with 99% of children linked to treatment. However, the program is still facing serious difficulties retaining children on treatment and ensuring viral suppression. In FY19, 609 CLHIV were enrolled in the program but as of FY18Q4, our Tx_Net_New was 397, showing a poor retention rate. VL data from the same period show suppression rates under 50% for all pediatric age groups. PEPFAR Haiti will improve the technical capacity of sites to manage and retain HIV-infected pediatric clients by:

- Training healthcare workers, lay counselors, and expert clients on age-appropriate adherence counseling at high burden sites;
- Focus on task shifting by training nurse practitioners in pediatric clinical management, especially at sites with the biggest burden and in districts with largest gaps to provide family centered care;
- Adapting a "One stop shop" model where parents/caregivers will receive care together at the same sites and by the same providers if the child does not require complex specialized care;
- Reinforcing continuous quality improvement (CQI) activities for family care;
- Implementing site-level support groups tailored to parents/caregivers to address crucial issues interfering with treatment adherence.

For COP19, the USG team, in close collaboration with PNLS, will exercise intensified monitoring of the implementing partners in order to achieve results in all aspects of the pediatric cascade. The program will put an emphasis on retention strategies by building upon the success of the OVC program: 99% of HIV+ children enrolled in the OVC program are enrolled on ART and retention rates are over 90%. The program will prioritize for referral to the OVC program all HIV-exposed infants and all CLHIV to help mitigate issues that are having a negative impact on retention and viral suppression. The scale-up of parenting/caregiver curricula in the OVC program will also help address difficult issues such as stigma, disclosure, and adherence by improving parent/children communication. The program will also work with implementing partners to ensure that pediatric formulations are available where needed and children over 20 kg are switched to TLD as recommended by national guidelines.

Key Populations

MSM and FSW are disproportionately impacted by HIV in Haiti, with prevalence levels significantly higher than the general population; 12.9% and 8.7% (IBBS 2014), respectively. An updated national HIV prevalence for MSM and CSW is expected with the new GF-financed IBBS, planned to start in FY19Q4, with preliminary results available in FY20Q3. From community prevention activities, a higher number of KP clients (both FSW and MSM) have been referred and tested for HIV (73%) in FY19 Q2 when compared to FY18 Q4 (40%). PEPFAR Haiti achieved significant improvement in linkage to care for MSM, from 83% (FY18 Q4) to 96% (FY19 Q2). Furthermore, the PEPFAR Haiti program includes prisoners and their family members among the priority populations given the continuing burden of HIV and TB co-infection in prison settings.

In COP19, PEPFAR Haiti will continue to support high-impact core interventions for KP including targeted prevention messages and HIV testing services (HTS) for KP, combination prevention services extended to clients of CSW and MSW, condom/lubricant promotion and distribution, use of peer navigators to enhance adherence and retention of HIV-positive KP, and expansion of community drug distribution and MMD. The LGBT organizations will be involved in the differentiated models of community drug distribution and take part in the taskforce to retain patients in care and bring back those LTFU. PrEP has been rolled-out and will be expanded to all eligible KP in COP19.

The previous IBBS, PLACE studies and recent CSO consultations in March 2019 indicated that stigmatization and violence hindered MSM and CSWs' access to quality HIV services: approximately 6% of MSM and 11% of CSW reported mistreatment by a healthcare worker. The results of the latest stigma and discrimination poll (2017) among adults also indicate high levels of hate and intolerance towards KP. In COP19, specific interventions will be added to tackle stigma and discrimination, including:

- Creation of CSO-led observatory to monitor quality care, stigma and discrimination index at site level;
- Establishing a hotline system to report cases of stigma and discrimination at HIV service delivery sites;
- Implementation of mystery clients to assess the quality of care given at site level;
- Ensuring that all staff contracts have an anti-stigma and anti-discrimination clause, which if violated will result in disciplinary action, including termination.

At the community level, PEPFAR Haiti will continue to sensitize law enforcement officials, including the Haitian National Police (HNP), about the rights of KP to ensure they have access to supportive, respectful, and appropriate services, including for GBV.

In regards to coverage, the program will continue to strengthen the capacity of local KP-led organizations to provide KP-friendly services and to scale-up innovative, evidence-based strategies to achieve epidemic control for KP including utilization of local social networks to identify undiagnosed individuals living with HIV and link them to HIV treatment services. The latter will be done primarily through the full roll-out of peer-outreach approach, improved fidelity of index testing, expansion of self-testing and mobile outreach activities to increase coverage in areas with limited access to KP friendly services.

PEPFAR Haiti will continue to collaborate with PNLS to ensure that the different HIV-related guidelines incorporate KP and will support activities that are strategically designed to involve host government and community-level structures, including civil society. National and sub-national entities will be involved in the evaluation, dissemination and sharing of best practices with an emphasis on obtaining community involvement whenever possible.

4.3 Additional country-specific priorities listed in the planning level letter

PrEP Scale-Up

With the support of PEPFAR Haiti, MSPP has started PrEP in FY19 in selected sites. The plan for COP18 and COP19 is to continue the expansion of PrEP throughout the country in a phased process, with a focus on KPs and serodiscordant couples. PrEP is an important strategy in the two-pronged approach to halt HIV transmission by ensuring 95-95-95 for all PLHIV while simultaneously making sure that HIV negative people who are at high risk are put on PrEP for prevention.

Effective implementation of differentiated services delivery models, including scale-up of Multi-Month Scripting/Multi-Month Dispensing (MMS/MMD)

Although the country adopted and issued national guidelines for MMS/MMD, the uptake of this strategy has been slow with only 36% of all PLHIV active on treatment receiving MMS for 3 months or more as of December 2018. LTFU patients who were found and brought back to care reported lack of transportation fees, travel, and time conflict with other activities among the main reasons for missing their visits. Providing ARVs for up to 6 months to eligible patients will alleviate these issues and allow PLHIV to have their medication with them for extended period of time when they cannot come to health facilities. This is particularly important for retention on treatment in the context of frequent socio-political turmoil in the country, sometimes blocking road access. As the national guidelines already have provision for MMS for up to 6 months, PEPFAR Haiti will task its implementing partners to ensure a rapid scale-up of MMS for all eligible patients in the remainder of COP18, and maintain this trend in COP19. In addition, PEPFAR Haiti will work with MSPP to make available MMD for up to 12 months for PLHIV who travel for long periods of time to DR and other countries. Specific questions will be integrated in the electronic medical record in order to note plans for travel and anticipate needs for longer MMD. PEPFAR Haiti's supply chain activity is procuring 90-day supply ARV bottles, in order to facilitate MMD. PEPFAR Haiti, in coordination with MSPP and partners, will put in place an intervention package to ensure continuity of communication with patients on MMD, and appropriate referral for clinical visit when necessary.

In addition to MMS/MMD, other differentiated services delivery models, such as community drug distribution and extended clinic hours will be offered to PLHIVs on treatment in an effort to develop a patient-centered approach, with patient-centered solutions adapted to removing barriers to retention.

Scale up of Biometric Code as unique identifier

PEPFAR Haiti utilizes biometric coding (BC), linked with the electronic medical record (EMR) of PLHIV, to enhance the national HIV case-based surveillance and generate continual insight into programmatic strategies. BC is currently available in 100% of PEPFAR-supported HIV treatment sites, except prisons. The national BC server allows sites to identify their duplicates, via an interface on the MESI integrated data platform, so that providers can better tailor adherence and treatment messages to these patients. Efforts are underway to collect BC data for all active patients before the end of COP19, and to continue the routine use of BC in COP19. PEPFAR Haiti will work with PNLS

to ensure that BC is integrated as a component of the regular data validation process. The final goal of BC as unique identifier is to ensure that patients can receive HIV treatment at any HIV site of their choice without any duplication or disruption in the continuum of care.

TLD transition and ARV optimization

With the support of PEPFAR Haiti and the GF, the program started the TLD transition in COP18 and is planning to complete this transition by September 2019. The TLD transition plan already includes the following patient groups:

- New patients (Adult, Adolescents, and Children over 30 kg)
- Existing patients on 1st line: VL suppressed, or on ART for more than 5 years
- Some patients on 2nd line, based on the transition algorithm
- Pregnant women and TB co-infected patients

Furthermore, PNLS issued a memo in April 2019 clarifying that women of reproductive age have the option to choose TLD, even in absence of contraception, following counseling on current information on TLD risks and benefits, and informed consent. PNLS took steps to modify their guidelines to match the December 2018 WHO guidelines and recommend TLD for patients failing 1st line, further expanding TLD eligibility. Nationally, by December 2019, about 70% of PLHIV will be expected to be on TLD. PNLS adjusted VL test monitoring to start after 3 months of TLD initiation, which will increase eligibility and uptake of MMD among patients who are being transitioned. PEPFAR Haiti, in collaboration with MSPP, will develop communication around TLD, optimized regimens, and phased-out ARV drugs, so that PLHIVs understand the rationale of the change in their treatment, and in order to create demand for TLD and optimized regimens. The TLD transition and the ART optimization should be associated with fewer side effects, better retention, and increased viral suppression rates.

PEPFAR Haiti and MSPP are committed to delivering quality care and treatment services to PLHIV, notably by ensuring that they receive optimal ARV regimens. Implementing partners will proactively support sites in identifying patients to be switched from 1st to 2nd line regimens. A small number of patients on non-WHO approved regimens, which will be eliminated before the end of COP18, will be transitioned to optimal ARV regimens. Nevirapine-based regimens will also be completely phased-out as part of the optimization plan. Partners will be held accountable for the elimination of non-optimized ART regimen in sites under their supervision by the end of FY19Q3, as part of their corrective action plan, and through monthly monitoring of ART regimen dispensed.

Viral Suppression

In the past year, PEPFAR Haiti has scaled up viral load testing. The program had an almost three fold increase in the number of people with viral load test results between FY16 (n=26,843) and FY18 (n=78,491). PEPFAR Haiti plans to continue this aggressive VL testing scale-up, in order to close the gap in VL testing coverage for all eligible PLHIV on ART. VL suppression rates remain low at 76% nationally. In COP19, a particular focus will be put on achieving VL suppression by:

- TLD transition and ART optimization, leading to decreased side effect profile, reduced HIV drug resistance, and resulting improvements in adherence and viral load suppression
- Patient education ("Viral Load classes") and U=U campaign so that PLHIV understand the relationship between adherence, viral suppression, and reduction to null transmission. This will create demand for VL tests, which will help close the remaining coverage gaps, but also the desirability for viral suppression

- Tracking high VL results and intensified management of patients with high VL at sites and partner levels
- Correct identification of patients to be switched from 1st to 2nd line ART regimen (with proactive support of Implementing Partners)

The goal is to achieve 95% Viral Suppression nationally by the end of FY20.

Laboratory Optimization

In COP19, PEPFAR Haiti will conduct a laboratory network optimization analysis to ensure appropriate quantity and placement of both conventional and POC instruments, through reagent rental or all-inclusive approaches. During this process, the team will consider the different tiers of the country's national laboratory network and will look at integration of TB diagnostic capacity and HIV diagnostic capacity at all points, to ensure that necessary services are provided to patients.

PEPFAR Haiti's analysis of VL, EID, and GeneXpert TB testing demonstrates full capacity utilization of VL and EID testing and an underutilization of TB testing using GeneXpert (both for HIV-coinfected and HIV-negative patients). In FY19, PEPFAR Haiti is carrying out a VL and EID cost optimization study to help determine benefits and develop recommendations regarding decentralization of EID and/or VL testing. For COP19, partial decentralization is planned for EID testing, using existing GeneXpert machines.

Improving Oversight and Accountability of Partners and Granular Site Management

In addition to the Granular Site Management approach started at the end of COP17, PEPFAR Haiti will implement strict measures to improve oversight of partners and their accountability towards delivery of quality services. In May 2019, all clinical implementing partners were placed on a programmatic action plan (PAP), which will delineate, in writing, specific minimum expectations from them and the sites they supervise. Among other expectations, partners will be required to ensure:

- Modified letter of engagement or contract of health providers to ensure services are provided with no stigma or discrimination in all HIV service delivery sites they support
- Optimal ART regimen for all patients at all sites they supervise, including complete phase out of NVP-based regimen and of WHO non-optimized regimen by June 1st, 2019
- Completed TLD transition of all eligible patients at all sites by September 2019
- Options of differentiated service delivery models, including MMS/MMD for up to 6 months and community ART distribution, offered to all eligible patients.
- Biometric Code collected for all active patients by September 2019
- Achieve at least 85% of viral suppression by the end of COP18, and at least 95% of viral suppression by the end of COP19
- Increase in reporting frequency for lower-performing sites:
  - Sites currently submit monthly reports on Monitoring Evaluation et Surveillance Intégrée (MESI, French acronym); all sites will submit weekly reports on key indicators, focused around index testing, linkage, retention, reenrollment of LTFU patients, TLD transition, MMD, and VL coverage
  - Site Improvement Plans for low-performing sites, tailored to address specific challenges: testing yield, patient linkage, retention and viral load coverage / suppression
- Particular emphasis on sites with highest LTFU (total of 52 sites), for a more efficient return to care campaign.

The USG team will jointly review data on main indicators monthly. An interagency team will also review clinical TA activities to ensure that they target highest needs. PNLS and the Infectious Diseases Unit (UCP/UCMIT) of MSPP will convene quarterly meetings of HIV treatment partners to compare progress, share best practices and solutions to achieve epidemic control; in addition, together with the USG team, they will hold individual partner meetings to review specific progress and challenges, identify specific solutions, and hold each partner accountable for results. To set the tone, MSPP has drafted official guidance (circulaire) sent at the beginning of May 2019, to all implementing partners, site managers and directors, as well as health departmental directors, to reaffirm priorities and ensure compliance to national HIV guidelines and policies.

Diversifying the portfolio of Implementing Partners and Funding Local Organizations

Currently in COP18, over 60% of the PEPFAR Haiti budget, outside of M&O, is attributed to International Organizations. In COP19, PEPFAR Haiti will make a shift and will allocate at least 60% of the budget (outside of M&O and commodities) to local organizations in order to increase sustainability.

Some Implementing Mechanisms will be closed totally, while several others will be replaced by their local entities. In addition, the already ongoing collaboration of prime Implementing Partners (IPs) with smaller local organizations, in particular with PLHIV and KP associations, will be re-enforced in COP19.

PEPFAR Haiti has also put forward a proposal for additional funding, aimed at further diversifying the portfolio of IPs by introducing new prime partners that have not previously received PEPFAR funds in Haiti. If accepted, a small part of this additional funding will also support the expansion and strengthening of promising existing IPs, notably the KP partners. This proposal is an effort to find fresh ideas and new perspectives to achieve epidemic control in 2020.

4.4 Commodities

PEPFAR Haiti, MSPP, and other stakeholders successfully coordinated the procurement of new antiretroviral (ARV) formulations to facilitate the transition of ART patients to TLD during COP18. The PEPFAR Haiti program has already begun procurement of 90-day bottles of TLD to facilitate MMD, and is phasing out NVP-based regimens by September 2019. In addition, ARV optimization - including transitioning the small volume of patients on ARV regimens that are not consistent with WHO and MSPP guidelines - will be prioritized for the next two quarters of COP 18. The ARV procurement planning and coordination between PEPFAR Haiti and the Global Fund continues in COP19 to ensure timely and adequate availability of commodities while minimizing potential waste of legacy ARV regimens.

In COP19, PEPFAR Haiti will continue to assist MSPP in the national commodities forecasting, quantification, and supply planning exercise, which aims to ensure the timely and uninterrupted availability of antiretroviral formulations at all geographic levels of the country in FY20.

No funding gaps or stock-outs are projected for any commodity during FY20.

4.5 Collaboration, Integration and Monitoring

a. Strengthening cross technical collaborations and implementation across agencies and with external stakeholders

For the past 5 years, PEPFAR Haiti has included Civil Society Organizations (CSOs) in the COP process. For COP19, the role of CSOs was expanded, and they provided extensive feedback that has been integrated in our COP planning. For example, an HIV monitoring board will be created with representatives from the CSOs, MSPP, PEPFAR, GF and their Haiti Principal Recipient (PSI), and UNAIDS, to regularly review progress in the HIV program in Haiti and ensure accountability. For COP19, PEPFAR Haiti will also ensure that implementing partners increase the participation of PLHIV peers in adherence support and retention improvement activities at the site level. In addition, PEPFAR Haiti will implement the CSO recommendations for the "Welcome Back" campaign for the LTFU brought back to care, and the "Easy Start" as part of the package for newly enrolled PLHIV.

PEPFAR, the GF, and MSPP have developed a strong partnership over the years, as well as with other stakeholders working in the HIV/AIDS response in Haiti. The USG team has engaged in several technical collaborations with the GF HQ and the GF PR (PSI and continues to collaborate to ensure program complementarity, efficiencies, and avoid duplication wherever possible. For this purpose, an exercise of de-duplication in the area of human resources investments supported by the two main donors (PEPFAR and GF), was completed and showed no duplication, outside of minor reporting errors that were investigated and resolved. PEPFAR also previously conducted with GF an exercise of optimization of ART distribution to sites to improve monitoring of drugs. A similar exercise will be carried out this FY with other HIV commodities, to streamline support to sites. In the remainder of COP18 and in COP19, PEPFAR Haiti will continue to work closely with PSI and GF, with regular technical discussions, to ensure strategic alignment to attain the 95-95-95 goals.

Domestic resource mobilization continues to be a concern in Haiti. While the contribution of the GoH was estimated at only 3% of the total expenditure for HIV/AIDS, the MSPP has taken initial steps to increase their budget allocation by including a line item for infectious diseases - including HIV/AIDS - in the annual MSPP budget for FY 2019. This is part of a budget request that would allocate significant additional domestic resources to the health sector. This request is pending parliament's approval. For COP19, the PEPFAR team discussed with MSPP the possibility of transitioning some number of the HRH supported with PEPFAR funds, as well as the responsibility for some locally procured non-ARV commodities, as a proxy for increasing resource mobilization. For this, PEPFAR Haiti will work closely with MSPP's Human Resources Directorate to develop a transition plan that addresses the gaps in HIV response, and with the Department of Pharmaceutical Management (DPM). PEPFAR Haiti will also support MSPP in their efforts to leverage domestic private resources to support HIV/AIDS activities, particularly in the domain of educative messaging about HIV, ART, and Viral Suppression for the population. Such interventions will aim to increase national ownership of the national HIV/AIDS program and promote sustainability and accountability.

PEPFAR Haiti will continue to build on MSPP's efforts to review and revise the roles and responsibilities of health providers. In a recent, MSPP/PNLS emphasized the importance of accountability of health care workers and the need to provide stigma and discrimination free services to all clients, including PLHIV and KP. MSPP also included language in the circular for

task-sharing for nurses and community health workers (ASCP). In addition, the PEPFAR team is working closely with PSI, UNICEF and others to support MSPP in meeting the conditions precedent from the GF grant as it relates to HRH. These interventions between GF and PEPFAR in Haiti to strengthen HRH will aim to ensure a highly coordinated, quality service provision in priority SNUs.

Reinforced monitoring and accountability, coupled with continuous leverage of other donor efforts, including the GF, French Government, UNICEF, and UNAIDS, as well as key civil society organizations and PLHIV associations, will be indispensable to achieve epidemic control in Haiti.

b. Strengthening IP management and monitoring and the implementation of innovative strategies

In COP19, PEPFAR Haiti will support MSPP/PNLS in monitoring the HIV/AIDS clinical cascade from diagnosis, linkage to care and treatment, retention, and viral suppression by population groups and geographic locations (SNUs). Findings of these monitoring activities will be used to identify program weaknesses along the cascade for immediate action. Specific activities include frequent (weekly and biweekly) monitoring of problem sites, as well as monthly monitoring of all other facilities for key indicators and quarterly data review meetings.

At the partner level, PEPFAR Haiti will intensify performance monitoring through granular site management on a more frequent basis. Site level results will continue to be monitored and analyzed monthly while key indicators (such as LTFU brought back to care, MMD, TLD transition, VL testing coverage and suppression, index testing, PrEP) will be tracked on a weekly basis to ensure best practices are scaled up with fidelity. Given the sub-optimal performance of the country program in the current COP18 implementation plan of retaining PLHIV on treatment, PEPFAR Haiti has started the "Retention Surge" and "Return to Care" campaigns coupled with Programmatic Action Plans (PAPs) to spur implementing partners to attain the COP18 targets, which are the key to success in COP19. The campaigns began in FY19 Q2 and will continue until the program is back on track to achieve its targets. Results for these surge efforts are expected to be seen by the end of Q3 and Q4 of FY19.The campaigns focus primarily on key areas in which the program is performing most poorly, namely retaining patients in care, preventing LTFU, and ensuring patients LTFU return to care. To ensure these actions take place immediately, PEPFAR Haiti is putting all clinical service delivery implementing partners on PAP and associating the performance of key personnel to achievements.

Implementing partners' performance is monitored by results shared monthly by all HIV sites in aggregated format on the National HIV Monitoring System. Additionally, individual notification of HIV diagnosis and selected variables from the electronic medical records (EMRs) are compiled to form the longitudinal case-based surveillance system. Protecting patient's medical information and ensuring a stigma-free environment for PLHIV continues to be a priority for the program. PEPFAR supported MSPP on an e-health policy that improved regulations related to the three core principles of information security: 1) confidentiality, 2) integrity, and 3) availability. PEPFAR supported health information systems respect the following principles:

1. Access to electronic systems supported by PEPFAR is only accessible by authorized personnel. Any breach of patient's confidentiality is subject to disciplinary actions. Patient data are protected at the site level and national level with appropriate access level and a non-disclosure agreement.

2. Access to servers is filtered to prevent unauthorized connections attempts and guarantee data integrity.
3. Storage of patient level data is ensured through secure servers accessible by authorized users only. A help desk and intervention team to troubleshoot EMR issues and ensure timely access to health and patient information has also been established.

Partners are already using tracking tools that capture site-level data across the 95-95-95. These include:

- Number of HIV cases identified and related positivity rates
- Number of HIV cases identified through index testing and related positivity rates
- Number of HIV cases identified linked to treatment services
- Number of PLHIV enrolled on treatment
- Number of people on treatment eligible for TLD
- Number of people eligible transitioned to TLD
- Number of people on treatment eligible for MMD
- Number of people eligible for MMD on 3, 6, 9 months dispensing
- Number of people on treatment eligible for VL testing
- Number of people eligible for VL have been tested
- Number of people who received VL tested achieved viral suppression
- Number of LTFU brought back to care
- Number of active patients on treatment with BC
- Number of active patients on treatment on DAC

The data are further disaggregated and analyzed by age bands and population groups on a quarterly basis. PEPFAR Haiti will also collect critical program data via custom indicators (i.e. KP and pediatric cascades) for decision-making.

IPs have also organized themselves to share best practices under the leadership of PNLS to address bottlenecks within the program. PSM will flag to clinical partners and to USG technical teams when the supported facilities within their network have achieved more than 25% of their expected quarterly targets. This will encourage implementing partners to review their performance as it relates to testing modalities and yield.

PEPFAR Haiti agency teams will continue to hold collaborative workshops with their respective IPs to review performance on key indicators and provide guidance on activities with limited results. The frequent (weekly and biweekly) reviews of key indicators have already begun as of FY19 Q3.

At the USG level, the interagency team will reactivate interagency working groups to find solutions to the barriers hindering service delivery at the site and district level. Some of the important barriers include limited capacity of facilities to use data effectively to adapt and address gaps in their HIV response. In addition, the interagency team will conduct monthly care and treatment partners meetings to complete a monthly review of the key indicators, concentrating on site and district level approaches, barriers to progress, data quality, and quality of services offered. The USG team will carefully review the trends and promote quality assurance/quality improvement plans as part of the enhanced SIMS assessments, especially as it relates to retention strategies, to ensure issues are addressed in the most immediate manner.

The interagency technical and management teams also plan to conduct unannounced supervision visits at key sites and districts with sub-optimal performance. In addition, the USG team plans to continue to engage partners' leadership members (Country Director/Chief of Party and Technical Leads), PNLS, and technical assistance counterparts to monitor progress of the campaigns and quarterly results, address constraints, facilitate the roll out of good practices, engage site leadership and the departmental directorate to promote ownership and collaboration with PEPFAR IPs, and advance policies.

At the national level, PEPFAR Haiti will work more closely with PNLS to review the quarterly results and ensure data quality and validation in the patient-level reporting systems (EMRs and MESI). Support will include participation in joint supervision visits to track implementation of strategies with fidelity, analysis of data at the finer age/sex disaggregation to monitor attainment and ensure progress toward epidemic control, and co-hosting meetings to share best practices, collaborate, learn and adapt for impact. The team will ensure that CSOs are well represented during these meetings for updates on critical policies and programmatic issues and to collectively determine approaches that will help achieve the goals. Key outcomes of these interventions include increased engagement of CSOs and national and district government leaders in monitoring efforts to achieve epidemic control.

c. Improving integration of key health system interventions, including HRH and laboratory (VL) activities

The PEPFAR Haiti program will continue to reinforce its ties with the TB program, general ambulatory care, maternal and pediatric care, and laboratories. The expansion of targeted testing implemented in COP18 will continue to increase the providers' involvement in the process of screening patients and referring them to testing in COP19, ultimately reducing the need for specific HIV counselors at each ward. The HIV program will continue to streamline its workforce in multiple areas by integrating interventions with existing facilities' services and apparatus.

Health Information Systems is another domain that has greatly benefited from the convergence of technologies and the interoperability of platforms. In COP19, the integration of HIV aggregate reporting into the broader HMIS system (MESI and SISNU) will continue to be strengthened. This effort will be used to cross match variables during data analysis.

In regards to laboratory, the synergy between the HIV-oriented interventions and the laboratory system as a whole were enhanced with the introduction of Soft Computer Laboratory Information System (SCC- LIS), coupled with the enhanced SRN and the electronic sample tracking system that has supported the scale-up of VL testing in Haiti. The integration of the laboratory testing instruments into SCC-LIS system for VL and EID testing improved testing efficiency, reduced transcription errors, and facilitated the reporting of accurate VL and EID testing. In COP19, PEPFAR Haiti will continue to provide support to maintain the existing SCC-LIS and sample tracking systems.

d. Improving quality and efficiencies of service delivery through improved models of care delivery

In COP19, PEPFAR Haiti will continue to identify PLHIV and link them to treatment to achieve epidemic control. The following strategies will be used to improve quality and efficiencies of service delivery across community and facilities:

1. **Multi-Month Dispensing (MMD):** Given the suboptimal performance of the program as of FY19Q1, which was exacerbated by three major periods of civil unrest in less than 8 months, the need to expand MMD is crucial for the program to succeed. It is not only important to provide long term scripting to stable patients, but it is as important for the patients to take home a minimum of 6 months of ARV if desired. For other mobile populations crossing often to the Dominican Republic or travelling to countries outside of Haiti, 9-12 months dispensing will be offered. MMD expansion to at least 6 months will be a priority for PEPFAR Haiti beginning in COP18 and continuing through COP19.
2. **Community Drug Distribution (DAC):** In addition to MMD, patients who are adherent and stable (VL level <1000) will be strongly encouraged to transition to community-drug distribution as an effort to reduce wait times and decongest health facilities (if clients are interested in this option). Community-based ART distribution will help address a major challenge for the PEPFAR program in terms of retention in care. The program will consider using PLHIV associations and LGBT organizations from the KP activities to support community drug distribution and consequently improve patient retention.
3. **Rapid pathways:** It is a concern that facilities in Haiti are often congested and patients spend a long time waiting to see health care providers. For this reason, in COP19, peer navigators will be added at some facilities in priority SNUs, particularly those with a larger volume of PLHIV, to guide the patients through the system and promote more efficient patient care. For example, patients eligible for VL testing will be directed to the lab for a VL test while waiting to see the provider. Other examples include patients with multi-month scripts who will be able to obtain their medications directly at the pharmacy without being seen by the provider.
4. **Extended hours:** At certain sites, extended hours will be available during weekdays and clinics will be open during weekends to facilitate access to services for the hard-to reach populations or the patients who are too busy to attend clinics at regular hours. This modification of service delivery in COP19 will vary by geographic location but will be widely used in SNUs with high number patients of LTFU and low ART coverage.
5. **Men's clinics and men's corners:** Men's clinics and men's corners will be established in COP19 to provide tailored services and to address the specific needs of men. This new service delivery model for men will be implemented in SNUs with the highest gaps in coverage and reaching men such as Cap-Haitien, Port-au-Prince, Cayes, and Artibnite. Assessments are ongoing to ensure efficiency and efficacy of this new initiative. In Haiti, the programmatic results show that men access services less often than women do; and when they do, they are usually at a more advanced stage of illness. To address this, dedicated men's corners will be set up in select facilities and will include dedicated times, days, and/or space for men only to access services. This will permit a more tailored approach to managing men and addressing their needs. In other priority SNUs with large gaps in coverage for men, a dedicated "men only" clinic will be established. This will allow men to have a dedicated establishment where they feel empowered to seek services in an environment that is conducive to them.
6. **Collection of VL samples at the community level:** Currently in Haiti, VL and EID testing coverage and suppression rates are suboptimal for the program. To address the coverage issues in COP19, especially in SNUs with high VL coverage gaps, facilities will establish a flagging system of patients files eligible for VL testing. For those eligible who have not yet received a test, ASCPs will track them in the community along with the mobile clinic teams. In COP19, VL and EID samples will be collected at the community level through mobile

clinic activities. This service will not replace the existing system of facility laboratory sample collections, but it will complement the program by providing access to key services to patients who do not want to be seen at the facilities.

7. **VL suppression:** Achieving viral suppression is the ultimate measure of success of the program and of treatment for the patient. Thus, ensuring that all eligible patients on treatment receive a VL test is a priority for the program. For patients with a detectable VL, VL counselling/support clubs will be created and led by counselors to improve the treatment literacy of patients and adherence to treatment. At the facilities, site personnel will review patients' files and decide if a regimen switch is necessary.
8. **Patient Linkage and Retention (PLR):** PLR is an electronic application used by community health workers (CHWs) to assist them in tracking patients LTFU. The platform allows CHWs to use geo-localization to track the patients LTFU and document reasons for missed appointments. The PLR coupled with biometric coding also identifies patients who are seeking care and treatment services at multiple facilities (flagged by the application) and documents the quantity of drugs last dispensed to the patient. By using the PLR as a management tool, PEPFAR Haiti plans to track and attempt to bring back to the program the majority of newly-enrolled patients LTFU.
9. **Task shifting:** Task shifting has been identified as a key improvement to service delivery in Haiti. In COP19, nurses will continue to monitor stable patients and avoid duplication of clinical activities, while physicians will intervene for complicated or non-stable patients. In addition, Polyvalent Community Health Workers (Agents de Sante Communautaire Polyvalents, ASCPs) will be allowed to be more involved in HIV service delivery and the management of patients on treatment. ASCPs will engage in community drug distribution, assisted self-testing, and tracking patients LTFU. The latter strategy was approved and disseminated by MSPP/PNLS in a recent circulaire to health care providers.
10. **Point of Care for EID testing using GeneXpert:** Haiti currently has a centralized system for VL and EID testing. The current national specimen referral networks (NSRN) collects specimens from all sites and delivers them to IMIS and LNSP, the two central labs in Port-au-Prince, with a turnaround time (TAT) averaging 18 days. In some departments, the TAT averaged 30 days. For this reason, PEPFAR Haiti sought the endorsement of LNSP and PNLT to use the GeneXpert located at PEPFAR supported facilities (currently used for TB screening) for multi-disease testing. In COP19, PEPFAR Haiti will roll out POC EID in six facilities located in five priority SNUs. These facilities will serve as hubs for POC EID testing in their respective SNUs, where samples from nearby facilities will be collected via the NSRN to the hubs for testing, and the results will be returned via the same transport system to the originating facilities.
11. **Improving patient/provider relationships:** During the COP planning process and meetings with PLHIV and CSO groups, it was clear that the patient/provider relationship in Haiti needs to improve. In COP19, PEPFAR Haiti will reinforce the training of site-level personnel on sensitization, respect of confidentiality, and provision of stigma-free services to PLHIV and key populations. The importance of non-discriminatory services has been further emphasized in a circulaire sent by MSPP/PNLS to all PEPFAR and GF-supported HIV service delivery sites to hold health providers accountable and respect patient's rights at all times. Continuous collaboration with PLHIV will remain a priority for PEPFAR Haiti in FY20, and has been built into the program through several approaches, including an HIV monitoring board to jointly review progress of the HIV/AIDS program, and PLHIV platform proposed for incentive funds.

12. **Enhanced peer outreach approach (EPOA):** The EPOA, also known as social networking, has shown the potential to penetrate untapped networks of KPs in Haiti, including men who have sex with men and women (MSMW) who often do not self-identify as such. This strategy will continue to be rolled out at all PEPFAR-supported facilities providing services to key populations at approximately 25 facilities.
13. **Self-testing:** Self testing will be expanded to approximately 10,000 clients in COP19 as a testing modality in an effort to close the "1st 95" gap. This testing strategy will be used among KP, pregnant women seen in non-PEPFAR-supported sites, and partners of HIV-positive pregnant women.
14. **Mobile clinics:** Mobile clinics from nearby facilities will be used in COP19, particularly in areas along the Haiti/Dominican Republic border. These clinics will provide keys services to individuals engaged in cross-border activities, serve as distribution points for ART, and allow health providers to collect VL samples for testing. This strategy will further be expanded within the country to reach those individuals who do not want to attend the health facilities.
15. **ARV optimization:** Although this is not a service delivery activity, optimizing the regimen available at health facilities and providing the best treatment possible (more potent and less side effects) to the patients will help improve adherence to treatment protocol and improve the retention of patients in care in Haiti. Furthermore, this will help achieve further cost efficiencies for the program as the ARVs available in country will be streamlined.
16. **Interoperability and integration of electronic medical records (EMR):** The integration of digital fingerprints/biometric coding into EMRs in all facilities has strengthened the program's capacity to detect "duplicates" by determining which patients are enrolled at more than one treatment facility. In COP19, PEPFAR Haiti will ensure all PEPFAR-supported facilities have access to patient files, regardless of the site of enrollment, and are able to ensure a continuum of services. This interoperability at the national level will allow the medical records to follow patients throughout the communities using the same EMR and allow for a continuum of care and treatment while maintaining the quality of record keeping.

e. Ensuring above service delivery activities are mapped to key barriers and measurable outcomes

PEPFAR Haiti is facing multiple challenges that impede the efficiency of the program to deliver expected outcomes in a timely manner. For COP19, the PEPFAR Haiti team has identified seven system barriers including:

- Limited availability of population level epidemiological data at the district level;
- Weak laboratory system to ensure quality of clinical laboratory services for HIV patients;
- Limited capacity of MSPP to develop policies, guidelines, SOPs, training materials, and serve as technical assistance lead to HIV service delivery partners in Haiti;
- Lack of skilled care providers and field data personnel to gather quality data for proper decision-making to improve PEPFAR program;
- Lack of operational unused pharmaceutical products (UPP) management plan to guide disposal of all UPP waste in Haiti;
- Limited MSPP capacity to lead efficient forecasting and optimization of HIV treatment commodities and essential medicines;

- Fragile health information systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs -- this includes SALVH, iSante, SISNU, LMIS and LIS

Relevant above-site and above service delivery activities are identified and aligned with the key barriers identified through the program review for reaching epidemic control. Section 6.0 provides more details on how PEPFAR Haiti activities are mapped to key barriers and measurable outcomes related to reaching epidemic control.

f. Use of unique identifiers across sites and programs in clinical settings

Haiti introduced the unique identification system through Biometric Coding (BC) in 2016 as part of its strategy to support continuity of care among a population that has become increasingly mobile.

The current volume of patients LTFU highlighted the need for better traceability to enhance alternative service delivery and drug dispensation models including community-based drug distribution, and to monitor medical shopping and silent transfers. The ultimate goal is to ensure that patients are unique and their files can be accessed by any facility without creating a duplicate file.

PEPFAR Haiti has supported the installation of the BC system at 145 PEPFAR sites, and about 80,276 BC corresponding to 78,875 unique patients have so far been collected. Effort is underway to re-design the patients flow and gather BC data for all active patients by June 2019. BC data from individual sites are currently consolidated into a unique national server. Sites can access the data through an interface to identify duplicates followed by deduplication.

4.6 Targets for scale-up locations and populations

Table 4.6.1 Entry Streams for Adults and Pediatrics Newly Initiating ART Patients in Scale-up Districts

	Entry Streams for ART Enrollment	Tested for HIV (APR FY20) *HTS_TST*	Newly Identified Positive (APR FY20) *HTS_TST_POS*	Newly Initiated on ART (APR FY 20) *TX_NEW*
	Total Men	127,516	12,752	8,068
	Total Women	374,441	18,722	13,385
	Total Children* (<15)	16,361	1,963	488

	TB Patients	13,400	1,272	1,272
	Pregnant Women	196,232	1,947	1,922
	VMMC clients	N/A	N/A	N/A
	Key populations	63,774	4,809	4,456
	Priority Populations			
	Other Testing			
	Previously diagnosed and/or in care			
	Pediatrics (<15)			
	HIV Exposed Infants*	3,926	102	231
	Other pediatric testing			
	Previously diagnosed and/or in care			

*Includes virologic HIV testing for infants (<1)

Table 4.6.2 – not applicable.

Table 4.6.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations	Population Size Estimate (scale-up SNUs)	Coverage Goal (in FY19)	FY20 Target
OVC (Under-18)	n/a		78,218 OVC_SERV<18 78,218 OVC_HIVSTAT
KP - Sex Workers	40,400 (Limited geography)		45,943 KP_Prev FSW

KP - MSM	38,300 (Limited geography)		17,710 KP_PREV MSM
Prisoners	~14,000		8,559 KP_PREV 32,754 HTS_TST
TB Cases **(Number of new and relapse TB cases)**	10,437	100%	12,128 TB_STAT known HIV status TB_STAT newly HIV tested
Pregnant women and exposed infants **(Number of new ANC clients)**	151,889	100%	151,889 PMTCT_STAT known status 151,889,405 Newly Tested for HIV 2,282 PMTCT_ART 32,784 PMTCT_EID
TOTAL PREVENTION TARGET			71,672 KP_PREV (FSW, MSM, Prisoners) 53,896 PP_PREV

Table 4.6.4 Targets for OVC and Linkages to HIV Services

SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC (FY20 Target)	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY20)*
Port-au-Prince		23,849	18,958
Saint-Marc		10,275	8,161

Dessalines		8,288	7,211
Cap-Haïtien		9,433	7,548
Port-de-Paix		7,824	6,227
Acul-du-Nord		4,171	3,320
Mirebalais		4,601	3,660
Gonaïves		4,034	3,211
Hinche		3,548	2,816
Cayes		2,799	2,229
Lascahobas		2,147	1,709
Aquin		1,552	1,235
Trou-du-Nord		1,456	1,159
Fort-Liberté		1,367	1,089
Miragoâne		1,049	835
Marmelade		883	704
Môle-Saint-Nicolas		855	682
Jacmel		819	651
Jérémie		709	564
Grande-Rivière-du-Nord		709	564
Plaisance		585	466
Borgne		494	393
Ouanaminthe		493	392
Saint-Raphaël		431	343
Cerca-la-Source		403	319
Port-Salut		387	307
Limbé		351	279
Gros-Morne		291	233
Belle-Anse		279	222
Chardonnières		228	181
Anse-à-Veau		201	161
Arcahaie		177	141

Vallières		172	137
Bainet		151	121
Anse D'Hainault		101	81
Saint-Louis-du-Nord		81	65
Corail		38	30
La Gonâve		31	26
Total		**98,278**	**78,218**

*HIV_STAT target is set to 100% of the under-18 OVC_SERV population.

4.7 Cervical Cancer Program Plans – not applicable.

4.8 Viral Load and Early Infant Diagnosis Optimization

In Haiti, VL and EID testing is centralized at two laboratories – the GOH National Public Health Laboratory (LNSP), which is currently implementing quality management systems towards accreditation, and a partner-run laboratory (GHESKIO-IMIS) which is ISO accredited. Both LNSP and IMIS are equipped with two high throughput testing platforms each. Currently, all VL samples are transported from the PEPFAR supported facilities to the central labs in Port-au-Prince through the National Specimen Referral Network (NSRN), whereas the EID samples are transported through a separate network. In COP19, both sample transport networks will be integrated for efficiency. In FY18, over 107,700 VL samples were tested in Haiti with an average turnaround time (TAT) of 18.7 days; however, the TAT for some departments averaged 30 days. To reduce TAT in COP19, PEPFAR Haiti is increasing the frequency of sample collection from twice a week to three times a week with the goal to reduce the current TAT, from sample collection to return of results to the sites, by 30%.

There are currently 27 Cepheid GeneXpert point-of-care (POC) instruments procured by various stakeholders (such as CDC with non-PEPFAR funds, GF, and GHESKIO through research funds) and installed for TB screening throughout the country. These instruments are managed by LNSP and the National TB Program (PNLT). Recently, GF established a two-year contract agreement to maintain these instruments and update the software to allow for multi-disease screening (e.g. EID and VL). With PNLT's endorsement to use these instruments for multi-disease testing, PEPFAR Haiti will roll-out POC EID in COP19. For this phased approach, six facilities (Hopital St Antoine, Hôpital Universitaire Justinien, CDS Lafossette, CMS Ouanaminthe, Hôpital Immaculée Conception, and Hopital St Michel) located in five of the priority SNUs (Jérémie, two in Cap Haitien, Ouanaminthe, Port-de-Paix and Jacmel respectively) have been selected to implement POC EID. These facilities will serve as hubs for POC EID testing in their respective SNUs. The NSRN will facilitate the collection of samples from nearby facilities and deliver them to the hubs for testing. The results will be returned via the same transport system to the originating facility.

To support this new strategy, PEPFAR Haiti allocated funding in the FAST for procurement of commodities, verification of the instruments by LNSP, training and competency assessment of site personnel, site supervision, and monitoring.

The findings of the study currently underway to determine the cost-effectiveness of partially decentralized versus fully centralized VL and EID testing in Haiti, using costing input and rapid lab assessments, will inform future decisions for further expansion of POC EID and VL in Haiti.

5.0 Program Activities for Epidemic Control in Attained and Sustained Locations and Populations

5.1 COP19 Programmatic Priorities

In COP19, the programmatic approaches and activities are expected to differ in sustained districts compared to those planned in scale-up SNUs. In the sustained districts, HIV testing will only be initiated by providers for clients with relevant clinical symptomatology and TB infected patients. Index testing of contacts of HIV positive index clients, pregnant women, and early infant diagnosis will remain homogeneous regardless of the nature of the district; although index testing will be passive in attained and sustained districts. In addition to changes in testing modalities, the human resources for health (HRH) footprint will be evaluated and scaled down at the site level as needed to address program priorities, such as finding patients LTFU, supporting patients who have not achieved viral suppression, and increasing access to medication at the community through community drug distribution (DAC) or MMD. The focus in sustained districts for FY20 will be on linking all identified patients to treatment and retaining them and ensuring viral suppression.

5.2 Targets for attained and sustained locations and populations

Table 5.2.2 Expected Beneficiary Volume Receiving Minimum Package of Services in Sustained Support Districts

Sustained Support Volume by Group		Expected result APR 19	Expected result APR 20
HIV testing in PMTCT sites	*PMTCT_STAT*	25,235	44,376
HTS (only sustained ART sites in FY 18)	*HTS_TST/HTS_TST_POS*	54,406/ 1765	81,202/ 2851
Current on ART	*TX_CURR*	11,886	22,704
OVC	*OVC_SERV*	5,437	15,176

5.3 Establishing service packages to meet targets in attained and sustained districts

The service packages proposed for sustained district will focus on retention in care and viral suppression.

HTS will be limited to the following patients: TB cases, clinical symptomatology suggestive of HIV infection, and passive case finding of contacts of index patients. However, systematic HIV testing for all pregnant women will continue to ensure the elimination of mother-to-child transmission.

PEPFAR aims to deliver the highest possible quality of care in order to improve treatment adherence and viral suppression by:

- Maintaining a stigma and discrimination free environment at the site level:
- Supporting ongoing MMD and community drug distribution;
- Tracking of patients LTFU;
- Continuing patient education and treatment literacy;
- Ensuring patients are receiving optimal ARV regimen;
- Providing essential laboratory services for PLHIV including viral load monitoring.

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

In assessing its capacity to achieve epidemic control in Haiti, PEPFAR Haiti will build on previous COP systems interventions. However, given the fact that the current pace of treatment expansion in Haiti will not allow the country to meet the goal of achieving epidemic control by 2020, a dramatic shift in the operations of the program is needed. Additionally, retention of patients in care constitutes a challenge for the program. A total of seven (7) key system barriers have been identified alongside the appropriate interventions and actions needed to overcome them during the course of COP18 and COP19. The proposed activities address outstanding programmatic gaps and fast track attainment of epidemic control. New activities were added to improve outcomes and rekindle the synergies needed for a new surge of PLHIV on treatment. In COP19 PEPFAR Haiti's above-site activities will leverage key systems investments by the GOH and other donors. A total of 30 above-site activities outlined in Table 6 respond to the SID 3.0 elements on which Haiti scored lowest in 2018 and are considered key gaps in the current health system, which affect achievement of sustained epidemic control. In COP19, the budget allocated to these above-site activities represents 6% ($4,950,275) of the total budget activities ($76,614,598). This level of funding of the above-site activities aligns with the reboot strategy Haiti committed to in order to achieve epidemic control on time. Consequently, the Table 6 funding declined from 8.8M in COP18 to 4.9M in COP19: a 44% reduction. Systems investments are analyzed in light of past strategic shifts and previously-identified barriers to epidemic control.

PLHIV in Haiti are rooted in the country's stagnant socio-economic situation that fosters high internal and external migration of the population, making the provision and adherence to lifelong therapies such as ART a challenge. PEPFAR Haiti systems investments in recent years have focused on adapting and building capacity of service delivery and information systems for better coverage, adherence, and retention of PLHIV. Innovations in differentiated models of care and drug delivery mechanisms have included multi-month scripting, community-based drug distribution, and community-based tracking through PLR. Despite gains in these areas, system-level challenges and barriers remain across the continuum of care.

1. **Limited availability of district-level epidemiological data and low national analytic capacity**

The National HIV/AIDS program lacks population-level district data to support decision-making in the context of HIV epidemic control at the different levels of the health system. The only regular and reliable information is produced through the demographic health survey (DHS), which was most recently updated in 2017. The HAPHIA population-based HIV impact assessment aims to provide this level of detail and is currently being conducted. The data collection will start in May 2019 and the preliminary results are expected by March 2020. These results will be used to refine the implementation of COP19 interventions -- most importantly, the information related to population-based VL coverage and suppression will be availed.

The HAPHIA results and recommendations will be disseminated at all levels of the health system including key stakeholders.

Various electronic platforms host PEPFAR-supported program in Haiti; dashboards will be created and access provided to site-level staff and decision-makers at the IP-level and the department and national program level to ensure real-time alerts on program failures, such as low retention (e.g. missed appointments, deaths, and patients in need of tracking). Site-level dashboards will link directly to SISNU and reports will be generated automatically to inform decision-making.

2. **Weak laboratory system to ensure quality of clinical laboratory services for HIV patients**

The laboratory system plays a key role in attaining epidemic control. Failure to ensure a proper and timely delivery of laboratory services may compromise HIV epidemic control. PEPFAR Haiti will continue to assist MSPP in improving the quality of laboratory services including sample transportation via the NSRN, VL expansion, and optimization of laboratory protocols through lab equipment maintenance and repair services. Various interventions will be carried out in COP18 and COP19 to enhance the capacity of the Haiti laboratory system at the central and peripheral level.

The VL scale-up will continue to be a focus for the program along with improvements to testing quality and results readiness for clinical decision-making. PEPFAR Haiti aims to have 100% of all eligible ART patients tested.

The partnership with the GF will continue for the procurement of VL commodities. Systems-level barriers impacting PEPFAR Haiti's ability to expand VL include:

a) Procurement and training on maintenance of VL lab equipment: PEPFAR Haiti will provide training and mentorship on maintenance and repair services to LNSP technicians, including providing an additional rented machine to meet the testing needs according to the laboratory instrument mapping exercise recently performed and providing commodities.

b) Policy recommendations for decentralization of lab testing: Building off ongoing work to cost and analyze differentiated models of care, PEPFAR Haiti will work with MSPP to develop and implement recommendations for optimization of VL/EID testing, including options to strengthen patient management.

c) Optimize specimen referral networks (SRN): Haiti currently has two SRNs -- the EID network, which is fully supported by PEPFAR (specimens from all sites are sent to IMIS and LNSP); and a VL, TB, and surveillance supported network partly funded by PEPFAR with multilateral support from the World Bank, WHO-PAHO, and the U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (CDC) Global Health Protection Program. Six months after the full implementation of the SRN (November 2018), the SRN will be evaluated and any gaps addressed. These two SRNs will be integrated into the NSRN in COP 19. To ensure that the TAT for EID and VL is maintained at a goal of no more than 15 working days, the TAT for these samples will be tracked separately and results will be made available to all networks on a monthly basis.

d) Expanded laboratory testing capacity for MDR-TB and TB culture: The current MDR-TB capacity at GHESKIO can only test 50% of the estimated MDR-TB cases in Haiti. We will leverage non-PEPFAR funding for training and equipment to improve MDR-TB diagnosis and treatment and to reduce mortality for HIV-TB co-infected patients.

3. **Limited capacity of MSPP to develop policies, guidelines, standard operating procedures (SOPs), and training materials and serve as technical assistance lead to HIV service delivery partners in Haiti**

a) Development of transition plan: PEPFAR Haiti will continue providing technical assistance to MSPP Department of Human Resources (DRH) on HRH rightsizing and developing a pathway to transition HRH from USG to the domestic budget.

b) In COP19, PEPFAR Haiti will continue providing technical assistance to MSPP entities including PNLS, LNSP, and departmental entities to coordinate and manage the delivery of HIV services. This will include supporting MSPP to continue to support planning and coordination of the HIV program. MSPP/PNLS/LNSP will update the approved norms, guidelines and policies and ensure they are properly implemented throughout the country. Additionally, PNLS and LNSP will be capacitated to ensure regular harmonization of indicators and tools across the PEPFAR-supported sites.

c) MSPP will maintain the lead role in Health/Qual and will address barriers identified during the process.

4. **Lack of skilled care providers and field data personnel to gather quality data for proper decision-making to improve PEPFAR program**

Data quality is the centerpiece for good programmatic decision-making. Therefore, skilled human resources are required at all levels of the Haiti health system. PEPFAR Haiti will continue to support program managers at the national and departmental levels and health care providers to improve their skills. PEPFAR Haiti will strengthen the capacity of the MSPP to continue to perform HIV data validation exercises at all HIV sites in the country in order to have accurate and reliable data for improving progress toward HIV epidemic control. These technical capacities will be extended to the departmental level through regular formative supervisions.

5. **Lack of operational unused pharmaceutical products (UPP) management plan to guide disposal of all UPP waste in Haiti.**

Patient safety is a paramount goal of PEPFAR Haiti program. The GOH developed national guidelines for UPP, which outline the process of collection, inventory, storage, and disposal of these types of products. PEPFAR Haiti will build on the existing guidelines and help the country develop an operational UPP management plan to guide the final disposal of all UPPs.

6. Limited MSPP capacity to lead efficient forecasting and optimization of HIV treatment commodities and essential medicines

Sustainability of the national supply chain continues to be an area of weakness for Haiti's national HIV response and presents a key barrier to achieving sustained epidemic control. In COP19, PEPFAR Haiti will continue to invest in the capacity of national supply chain systems for eventual transition of some commodities management responsibilities to the GOH.

a) Standardize and enhance LMIS for National Unified Supply Chain (SNADI): PEPFAR Haiti, in collaboration with GF, will assist MSPP during COP19 in reaching a key benchmark toward the development of a national unified supply chain system by implementing a national unified paper-based LMIS. By the end of FY20, PEPFAR Haiti will support the development of an e-LMIS to track key health commodities and strengthen regular monitoring of supply chain performance through facility level commodity availability.

b) Support annual commodities forecast exercise: PEPFAR Haiti will continue to assist MSPP in the national commodities forecasting, quantification, and supply planning exercise which aims to ensure the timely and uninterrupted availability of the new ART formulations at all geographic levels of the country in FY20 and FY21.

7. Fragile Health Information Systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs -- this includes SALVH, iSante, SISNU, LMIS and LIS.

Over the past several years, PEPFAR Haiti supported the GOH to build a robust health information system to manage the HIV/AIDS program. These systems are at different levels of maturation. Current efforts are underway to refine the systems – for example, individual-level data from sites must match aggregated data reported to the national database. With this in mind, PEPFAR Haiti will invest in the interoperability of the different platforms including the iSante, LIS, SALVH, LMIS and SISNU.

a) Completion of the migration of iSante Plus to an open system platform with support from international experts and the transfer of knowledge to local personnel: The finalized version of iSante Plus will include: collection forms, reports, and linkage to other platforms and functions supporting PEPFAR policies installed at all ART sites.

b) Maintenance of existing functionalities and inclusion of advanced functionalities as well as finer analysis on the National Consolidated HIV Database (MESI) used by sites across the country to allow the national program to continue to operate:
   - Case-Based Surveillance (SALVH), which has served as a repository of de-duplicated HIV cases since the beginning of the epidemic
   - An aggregated web-based HIV Reporting System allowing facility-based monthly reporting and availability of data to be reported on DATIM

- Mobile tracking systems (PLR, PS and Safe) allowing geo-location of patients and continuity of care at the community level including ART community-based distribution as well as tracking of patients and their contacts

c) Expand TB Tracker to cover MDR-TB, INH Prophylaxis, and contact tracing: The PEPFAR Haiti team, in collaboration with PNLT, will ensure that all PEPFAR-supported sites are using TB Tracker for planning and providing HIV testing and follow-up to TB cases in their catchment area. The team will also ensure that the 72 TB sites outside the PEPFAR/GF network are appropriately networked to PEPFAR sites for HIV testing of TB patients.

d) Increase the number of private sector clinics outside of PEPFAR which report into integrated HIS (SISNU): PEPFAR Haiti will continue to assist MSPP to ensure the larger volume private sector health facilities not financed by PEPFAR report on key HIV and TB indicators into SISNU.

e) Interoperability between SISNU and other platforms: PEPFAR Haiti will continue supporting the interoperability between SISNU and other platform such as MESI and SALVH. In COP19, the focus will be in the integration of the existing SIGH/RH platform of the MSPP which captures HRH, by developing a site-level dashboard on SISNU which will foster the HRH rightsizing at PEPFAR-supported sites.

f) Development of Open Data Kit (ODK) dashboard: In COP19, an ODK dashboard will be developed to harmonize the integration between the livelihoods and clinical team at the site level, to ensure that clinical IPs have better visibility on the clients enrolled in OVC services. This platform will also allow a better tracking of the OVC population across networks and linkage to care.

g) Roll out PLR system to all community sites: PLR has established a strong record in supporting tracking activities and community-based drug distribution. PLR-supported activities will be rolled out at all sites with reinforced capacity to provide feedback to network and sites. An enhanced SOP will encompass new activities such as using PLR to track and evaluate effectiveness of material support given to patients (e.g. transportation fees) and provision of PrEP to eligible negative partners of index patients' contacts. The first groups considered for PrEP will be high-risk populations including MSM and serodiscordant couples.

h) IT infrastructure and interoperability: PEPFAR Haiti will maintain the IT Infrastructure allowing the networking of all the PEPFAR supported sites and the exchange of data between them and with the central server. This support includes the monitoring of a Help Desk and the operations of a response team handling site-level issues, hardware, software, supplies, and security requirements.

7.0 Staffing Plan

The PEPFAR Haiti team closely reviewed its staffing footprint and organizational structures to maximize effectiveness and efficiency. Our review placed special emphasis on how our teams could improve partner performance reviews and remediate actions, perform core PEPFAR functions,

ensure achievement of goals and targets in a timely manner, meet other critical tasks and ensure complementary efforts.

Roles within the teams were reoriented where necessary to ensure increased oversight and monitoring of core reboot strategies, and weekly review of partner site-level data. Key team members were identified who will devote a significant amount of time to review the progress of the Partner Corrective Action Plans and make recommendations geared towards individual site improvement. Staff members will continue to dedicate a large portion of their time to implementing SIMS requirements, including site visits, providing feedback to partners and following up on any issues identified during visits. These staff members will make programmatic, administrative and funding recommendations based on the prompt implementation of recommendations and progress made towards meetings key indicators. Specific staff within the USAID and CDC teams will also be designated to support collaboration with the PEPFAR DR program, as part of a cross-border technical working group co-chaired by the PEPFAR Coordinators in both countries.

Since last fiscal year, the PEPFAR team has overcome multiple hurdles to address staff vacancies. The loss of purchasing power by locally employed staff, caused by the devaluation of the HTG, was addressed in FY17 by revising salaries based on market review. Despite efforts to staff up the team, there are 13 vacancies in COP19, an increase from 11 in COP18.

To support the aggressive transition of direct funding to local partners in COP19, USAID is requesting an additional foreign service national (FSN) staff position to support local partner capacity building and management of other PEPFAR initiatives. USAID is proposing to re-purpose two existing LES, to include a focus on TB/HIV and to increase support for the transition of several awards to local implementing partners. Additionally, the PEPFAR Coordinator position transitioned to a USAID Personal Service Contractor position, which is under recruitment.

Funding Agency	**Num. of Filled: Individuals**	**Num. of Planned (new requests): Individuals**	**Num. of Vacant (previously approved): Individuals**	**Num. of TOTAL Individuals**
USAID	38 (18.65 FTEs)	1 (1 FTEs)	6 (2.95 FTEs)	45 (22.6 FTEs)
CDC	58 (53.25 FTEs)	0	7 (7 FTEs)	65 (60.25 FTEs)
State	0 (0 FTE)	0	2 (2 FTE)	2 (2 FTEs)
Grand Total	**96 (71.9 FTEs)**	**1 (1 FTEs)**	**15 (11.95 FTEs)**	**112 (84.85 FTEs)**

USAID's cost of doing business (CODB) decreased by 6% between COP18 and COP19, which includes both budget reductions and the addition of costs associated with the new FSN position. USAID will apply $430,032 of the available pipeline to this amount in COP19.

Of COP19 CDC's CODB, 83.8% is from PIPELINE. Overall it was reduced by 9.6% between COP18 and COP19. This reduction is primarily reflective of the impact of the exchange of the Gourde.

APPENDIX A -- PRIORITIZATION

Table A.1

SNU	COP	Prioritization	Results reported	Attained: 90-90-90 (81%) by Each Age and Sex Band to Reach 95-95-95 (90%) Overall											
				0-9	Male 10-14	Female 10-14	Male 15-19	Female 15-19	Male 20-24	Male 25-49	Male 50+	Female 20-24	Female 25-49	Female 50+	Total
Greater Port-au-Prince Cluster	COP16	Scale Up Sat	APR 17	47%	66%	77%	117%	68%	190%	65%	38%	109%	84%	82%	75%
	COP17	Scale Up Sat	APR 18		117%					80%			90%		87%
	COP18	Scale Up Sat	APR 19	86%	120%	141%	164%	94%	263%	91%	53%	152%	117%	113%	105%
	COP19	Scale Up Sat	APR 20	53%	27%	74%	125%	116%	197%	107%	73%	205%	130%	83%	114%
Saint-Marc	COP16	Scale Up Sat	APR 17	82%	118%	112%	84%	73%	91%	95%	91%	114%	117%	168%	108%
	COP17	Scale Up Sat	APR 18		82%					118%			136%		126%
	COP18	Scale Up Sat	APR 19	186%	268%	255%	132%	116%	147%	151%	145%	182%	187%	267%	176%
	COP19	Scale Up Sat	APR 20	111%	120%	124%	88%	124%	107%	138%	140%	192%	215%	125%	138%
Dessalines	COP16	Scale Up Sat	APR 17	36%	30%	38%	59%	74%	70%	55%	42%	107%	83%	89%	68%
	COP17	Scale Up Sat	APR 18		54%					69%			88%		78%
	COP18	Scale Up Sat	APR 19	51%	41%	53%	93%	118%	110%	88%	66%	169%	131%	141%	107%
	COP19	Scale Up Agg	APR 20	34%	19%	23%	195%	125%	79%	102%	103%	193%	134%	102%	113%
Cap-Haitien	COP16	Scale Up Sat	APR 17	44%	93%	62%	76%	40%	51%	49%	86%	46%	68%	162%	67%
	COP17	Scale Up Sat	APR 18		87%					72%			76%		75%
	COP18	Scale Up Sat	APR 19	73%	152%	102%	102%	57%	69%	67%	118%	63%	94%	221%	93%
	COP19	Scale Up Sat	APR 20	34%	58%	48%	72%	69%	56%	72%	94%	92%	97%	109%	86%
Cayes	COP16	Scale Up Sat	APR 17	26%	68%	88%	101%	40%	64%	70%	52%	37%	73%	101%	67%
	COP17	Scale Up Sat	APR 18		62%					72%			91%		82%
	COP18	Scale Up Sat	APR 19	106%	275%	353%	116%	46%	77%	81%	60%	43%	85%	117%	84%
	COP19	Scale Up Sat	APR 20	90%	159%	213%	90%	60%	66%	97%	106%	62%	42%	78%	91%
Gonaives	COP16	Scale Up Sat	APR 17	25%	25%	27%	26%	15%	26%	25%	24%	31%	40%	56%	33%
	COP17	Scale Up Sat	APR 18		36%					59%			66%		61%
	COP18	Scale Up Sat	APR 19	47%	49%	51%	47%	25%	44%	43%	41%	53%	69%	97%	57%
	COP19	Sustained	APR 20	32%	25%	29%	42%	37%	39%	43%	45%	80%	67%	52%	53%
Port-de-Paix	COP16	Scale Up Sat	APR 17	50%	14%	69%	46%	47%	23%	46%	40%	43%	65%	114%	56%
	COP17	Scale Up Sat	APR 18		50%					70%			83%		75%
	COP18	Scale Up Sat	APR 19	64%	18%	89%	66%	68%	33%	68%	58%	63%	95%	167%	82%
	COP19	Scale Up Sat	APR 20	67%	11%	67%	55%	104%	29%	81%	86%	101%	105%	106%	92%
Acul-du-Nord	COP16	Scale Up Agg	APR 17	166%	174%	406%	270%	179%	133%	200%	165%	156%	292%	403%	244%
	COP17	Scale Up Sat	APR 18		201%					223%			284%		254%
	COP18	Scale Up Sat	APR 19	276%	282%	666%	378%	254%	197%	288%	237%	223%	419%	578%	352%
	COP19	Scale Up Sat	APR 20	90%	95%	215%	146%	172%	89%	215%	258%	179%	278%	298%	240%
Aquin	COP16	Scale Up Agg	APR 17	52%	160%	163%	115%	87%	73%	76%	85%	78%	89%	207%	92%
	COP17	Scale Up Agg	APR 18		88%					83%			108%		

	COP18	Scale Up Sat	APR 19	71%	217%	221%	196%	149%	123%	128%	144%	132%	151%	353%	155%
	COP19	Scale Up Sat	APR 20	41%	71%	67%	76%	91%	50%	80%	146%	88%	81%	133%	90%
Fort-Liberte	COP16	Scale Up Agg	APR 17	147%	170%	151%	56%	49%	63%	52%	43%	47%	78%	104%	69%
	COP17	Scale Up Agg	APR 18		128%					66%			77%		74%
	COP18	Scale Up Agg	APR 19	205%	238%	215%	84%	78%	97%	81%	68%	72%	122%	161%	106%
	COP19	Scale Up Sat	APR 20	180%	188%	188%	100%	183%	161%	171%	168%	183%	233%	220%	201%
Jacmel	COP16	Scale Up Agg	APR 17	14%	35%	40%	19%	21%	20%	25%	36%	16%	33%	78%	31%
	COP17	Scale Up Agg	APR 18		27%					46%			59%		51%
	COP18	Scale Up Agg	APR 19	13%	35%	40%	30%	32%	31%	39%	54%	25%	50%	119%	47%
	COP19	Scale Up Agg	APR 20	11%	17%	24%	22%	46%	26%	41%	84%	39%	48%	66%	48%
Mole-Saint-Nicolas	COP16	Scale Up Sat	APR 17	16%	21%	28%	39%	35%	90%	26%	10%	61%	36%	29%	30%
	COP17	Scale Up Agg	APR 18		64%					36%			50%		45%
	COP18	Scale Up Agg	APR 19	18%	24%	31%	51%	47%	121%	34%	13%	80%	48%	39%	39%
	COP19	Scale Up Agg	APR 20	14%	14%	19%	37%	60%	96%	65%	25%	102%	47%	28%	43%
Ouanaminthe	COP16	Scale Up Agg	APR 17	18%	14%	22%	8%	27%	13%	21%	22%	25%	36%	41%	28%
	COP17	Scale Up Agg	APR 18		37%					34%			39%		37%
	COP18	Scale Up Agg	APR 19	34%	28%	40%	16%	38%	19%	30%	31%	37%	52%	59%	41%
	COP19	Scale Up Agg	APR 20	30%	18%	29%	23%	103%	34%	73%	66%	118%	119%	68%	88%
Hinche	COP16	Scale Up Agg	APR 17	67%	68%	105%	40%	37%	32%	44%	33%	52%	58%	44%	49%
	COP17	Scale Up Agg	APR 18		57%					44%			52%		49%
	COP18	Scale Up Agg	APR 19	121%	122%	191%	63%	59%	48%	70%	53%	82%	91%	69%	78%
	COP19	Sustained	APR 20	84%	69%	120%	55%	125%	54%	89%	96%	148%	109%	72%	97%
Jeremie	COP16	Scale Up Agg	APR 17	12%	19%	31%	78%	64%	233%	62%	15%	120%	68%	40%	58%
	COP17	Scale Up Agg	APR 18		40%					69%			86%		75%
	COP18	Scale Up Agg	APR 19	24%	39%	61%	107%	82%	306%	83%	20%	160%	89%	54%	78%
	COP19	Scale Up Agg	APR 20	20%	23%	40%	86%	117%	220%	79%	35%	209%	83%	35%	77%
Loascahobas	COP16	Scale Up Agg	APR 17	59%	84%	52%	37%	18%	37%	63%	46%	36%	77%	66%	63%
	COP17	Scale Up Agg	APR 18		78%					64%			78%		72%
	COP18	Scale Up Agg	APR 19	119%	168%	104%	49%	25%	51%	85%	63%	49%	105%	90%	87%
	COP19	Sustained	APR 20	100%	93%	57%	94%	214%	63%	125%	125%	98%	139%	104%	125%
Gros-Morne	COP16	Sustained	APR 17	26%	30%	29%	38%	126%	145%	23%	14%	143%	21%	14%	29%
	COP17	Sustained	APR 18		19%					21%			27%		24%
	COP18	Sustained	APR 19	47%	55%	52%	61%	205%	235%	38%	22%	231%	34%	22%	48%
	COP19	Sustained	APR 20	32%	30%	27%	36%	195%	124%	30%	13%	206%	26%	13%	38%

Table A.2 ART Targets by Prioritization for Epidemic Control

Prioritization Area	Total PLHIV	Expected current on ART (APR FY19)	**Additional patients required for 80% ART coverage	TX_CURR (APR FY20) Target current on ART	TX_NEW (APR FY20) Newly initiated	*ART Coverage (APR 20)
Scale-Up Saturation	88,384	88,556	-17,849	99,056	13,551	93%
Scale-Up Aggressive	25,782	12,593	8,033	17,162	5,098	92%
Sustained	34,134	20,582	6,725	22,701	2,804	92%
Central Support	4,783	0	3,826	0	0	32%
Commodities (if not included in previous categories)	0	0	0	0	0	0%
Total	**153,083**	**121,731**	**18,584**	**138,919**	**21,453**	**84%**

*COP19 Data Pack expected PEPFAR Coverage of National ART (FY20) (%)

** Negative numbers are not included in the total

APPENDIX B – Budget Profile and Resource Projections

Table B.1.1 COP19 Budget by Program Area

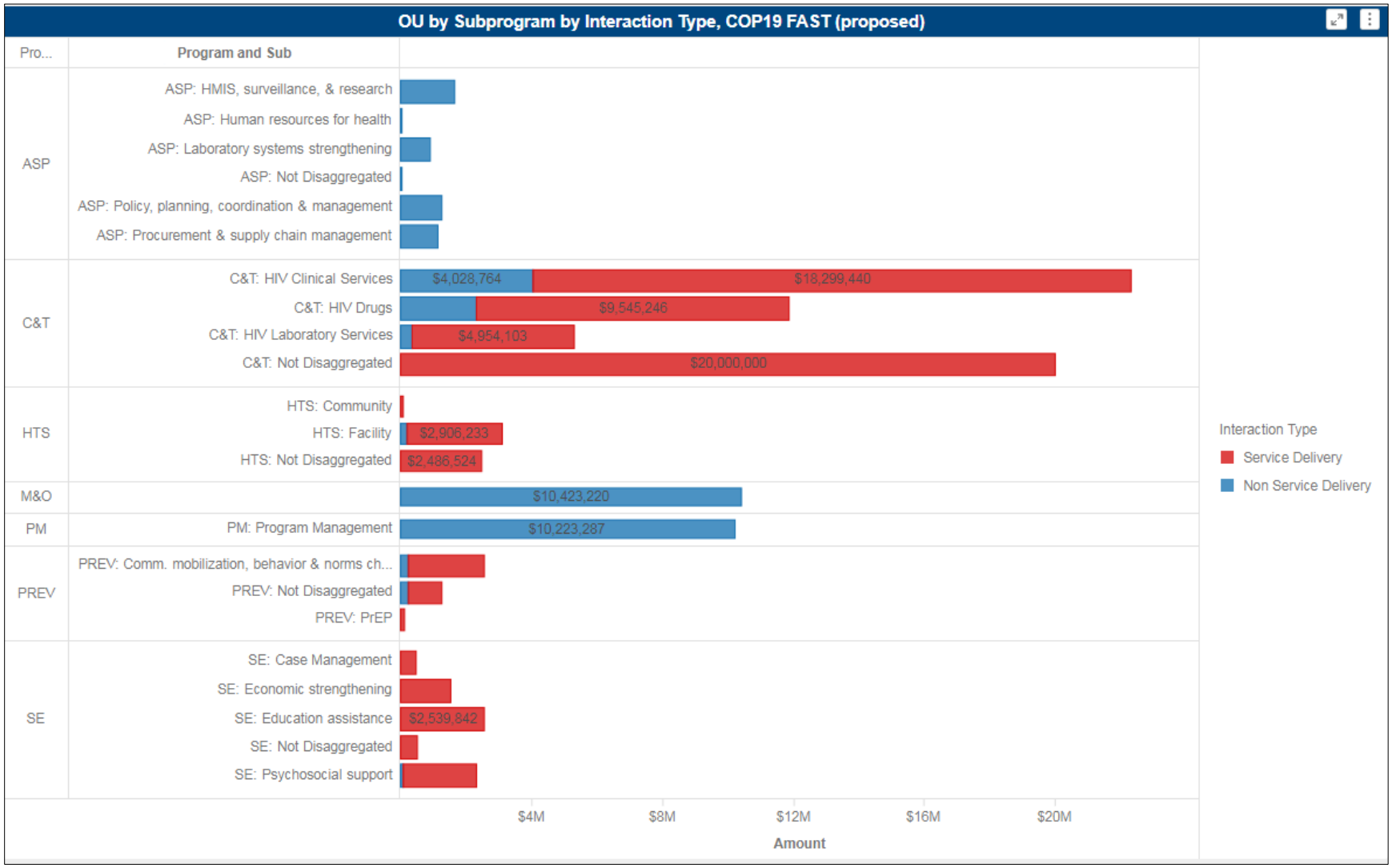


Table B.1.2 COP19 Total Planning Level

Haiti	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	**88,998,230**	**13,115,646**	**102,113,876**
COP 19 Bilateral	88,998,230	13,115,646	102,113,876

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

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

Initiative Type	Fiscal Year	2020
	Funding Agency	**Amount**
Planning Level	HHS/CDC	$52,968,027
	State	$209,364
	USAID	$48,936,483

Initiative Type	Fiscal Year	2020
	Budget Code	Amount
Planning Level	APPLIED PIPELINE	$13,115,646
	HBHC	$6,920,172
	HKID	$7,783,639
	HLAB	$3,388,524
	HTXD	$9,619,945
	HTXS	$29,221,809
	HVAB	$1,974,912
	HVCT	$7,791,451
	HVMS	$2,394,675
	HVOP	$2,023,216
	HVSI	$1,670,195
	HVTB	$4,074,641
	MTCT	$2,020,143
	OHSS	$5,195,802
	PDCS	$1,959,457
	PDTX	$2,959,647

APPENDIX D– Minimum Program Requirements

Minimum Requirement	Current Status in Haiti
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Adopted and fully implemented at all sites.
2. Adoption and implementation of differentiated service delivery models, including six month multi-month scripting (MMS) and delivery models to improve identification and ARV coverage of men and adolescents.	DSD has been fully adopted at all sites in Haiti, but in practice, only 33% of PLHIV on ART are benefiting from multi-month dispensing and community drug distribution. Both need to be significantly expanded; **addressing this is a key reboot priority.**
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	Adopted and working toward full implementation by increasing the supply of TLD while decreasing the supply of other ARVs. **Addressing this is a key reboot priority.**
4. Scale up of Index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	Index testing has been fully adopted in Haiti, but needs to be significantly expanded. Self-testing has been adopted and will be implemented in FY19Q3.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	Adopted, but not scaled due to ongoing retention issues. Will be scaled in COP 2019.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Adopted and fully implemented at all sites.
7. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as ANC and TB services, affecting access to HIV testing and treatment and prevention.	Adopted and fully implemented at all sites.

8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	Adopted, but implementation lagging behind. **Addressing this is a key reboot priority.**
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Adopted and fully implemented at all PEPFAR sites; however, further mortality analysis needed.
10. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management.	The OVC package of services has been aligned to ensure comprehensive services to OVC ages 0-17, with a particular focus on adolescent girls and boys in priority SNUs. In addition, DREAMS activities will prioritize primary prevention of sexual violence and HIV among 9-14 year-old girls and boys, including by integrating additional modules into curriculum in use. All pediatric PLHIV will be enrolled into SES services, and the layering of services to beneficiaries will be tracked using the ODK tool, including case management.
11. Evidence of resource commitments by host governments with year after year increases.	Ongoing discussions with Government of Haiti; there exists the possibility of increasing resource commitments in COP19 based on budget submitted (but not yet approved) by Haitian parliament. This is a challenging area of continuing discussion.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	Adopted and implemented.
13. Scale up of unique identifier for patients across all sites.	Adopted and implemented for 61% of active patients; needs to be expanded to cover 100% of patients.

Tables and Systems Investments for Section 6.0

Table 6-E (Entry of Above Site Programs Activities)									
Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	DAI Global, LLC	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$250,000.00	HMIS systems	Fragile Health information systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs. This includes SALVH, iSante, SISNU, LMIS and LIS)	COP18	COP20	100% presumptive TB cases identified outside of PEPFAR network are tracked and known their HIV status
USAID	DAI Global, LLC	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$75,000	HMIS systems	Fragile Health information systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs. This includes SALVH, iSante, SISNU, LMIS and LIS)	COP18	COP20	Number of private sector sites reporting key HIV indicators into SISNU increased by 50%
USAID	DAI Global, LLC	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$75,000	HMIS systems	Fragile Health information systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs. This includes SALVH, iSante, SISNU, LMIS and LIS)	COP18	COP20	Interoperability between SISNU/MESI and SIGH. Developed site level dashboard to facilitate HRH right-sizing at PEPFAR-supported sites
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	$281,385	Forecasting, supply chain plan, budget, and implementation	Fragile Health information systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs. This includes SALVH,	COP19	COP20	Integrated national paperbased LMIS implemented at all USG sites.
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	$123,085	Forecasting, supply chain plan, budget, and implementation	Limited MOH capacity to lead conduct efficient forecasting and optimization of HIV Treatment commodities and essential medicines.	COP19	COP19	Improved forecast error rate, improvement within the SIMS above-site CEEs and decreased waste in Haiti.
USAID	Chemonics International, Inc.	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$21,499	Training in laboratory systems strengthening	Fragile Health information systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs. This includes SALVH, iSante, SISNU, LMIS and LIS)	COP19	COP19	Increased numbers of VL/EID tests performed aligning with TX_NEW. refresher trainings on lab equipment condcuted at all USG sites

Table 6-E (Entry of Above Site Programs Activities)									
Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	$433,659	Forecasting, supply chain plan, budget, and implementation	Lack of Operational UPP managment plan to guide disposal of all UPP waste in Haiti.	COP19	COP19	A national UPP operational management plan developped toward the goal of identifying alternative solutions for the disposition of UPP. UPP from USG sites collected,
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	$166,285	Forecasting, supply chain plan, budget, and implementation	Limited MOH capacity to lead conduct efficient forecasting and optimization of HIV Treatment commodities and essential medicines.	COP19	COP19	An annual supply plan developped; 4 quarterly analysis and 2 supply plan reviews completed
USAID	Chemonics International, Inc.	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	$136,829	Forecasting, supply chain plan, budget, and implementation	Limited MOH capacity to lead conduct efficient forecasting and optimization of HIV Treatment commodities and essential medicines.	COP19	COP19	Conduct Cagil coordination quartely meeting
HHS/CDC	UNIVERSITY OF WASHINGTON	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 353,933	HMIS systems	Fragile Health information systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs. This includes SALVH, iSante, SISNU, LMIS and LIS)	COP18	COP21	iSante Plus rolled out and functional at 70 sites
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S NATIONAL PLAN FOR PREVENTION	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 100,000	HMIS systems	Fragile Health information systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs. This includes SALVH, iSante, SISNU, LMIS and LIS)	COP18	COP21	100% of PEPFAR-supported sites' data management officers received timely support from the help desk

Table 6-E (Entry of Above Site Programs Activities)									
Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S NATIONAL PLAN FOR PREVENTION	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 650,000	HMIS systems	Fragile Health information systems at national and site level to generate timely and accurate data and information to manage clinical services and HIV programs. This includes SALVH, iSante, SISNU, LMIS and LIS)	COP18	COP21	- 95% of active patients have unique identifiers - 90% of duplicates cases have been solved - 100% of sites reports monthly on the variables required for PEPFAR reporting - 100% of patients who missed appointments are contacted within 25 days of dropping out of services - 100% of patients on community drug distribution received their drugs on time - 95% of contacts elicited or contacted within 1 month of notification by the patients
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S NATIONAL PLAN FOR PREVENTION	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 192,400	Lab quality improvement and assurance	Weak laboratory system to ensure quality of clinical laboratory services for HIV patients	COP18	COP20	Achieve 98% of VL coverage for all ART patients, especially from low performing sites. Achieved 100% of EID coverage for all exposed infants. Supervision visits have help decreased the number of samples rejected by 75%
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 50,000	Lab quality improvement and assurance	Weak laboratory system to ensure quality of clinical laboratory services for HIV patients	COP18	COP19	Trained and rolled out site/IM level dashboard for sites/IM to monitor leaks across the VL cascade and turnaround time and troubleshoot.
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 175,836	Laboratory infrastructure	Weak laboratory system to ensure quality of clinical laboratory services for HIV patients	COP18	COP20	Turnaround time between central lab and sites: 5-8 days Turnaround time from sample withdraw and results to patient: 8-10 days
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S NATIONAL	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 61,764	Training in laboratory systems strengthening	Lack of skilled care providers and field data personel to gather quality data for proper decision-making to improve PEPFAR program	COP19	COP20	Reduce pre-testing turnaround time to 2-4 days for 90% of the sites/Ims
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S NATIONAL PLAN FOR PREVENTION	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 150,000	Lab quality improvement and assurance	Weak laboratory system to ensure quality of clinical laboratory services for HIV patients	COP18	COP20	All labs performing VL/EID testing are enrolled into CDC PT program and 100% pass PT. LNSP has improved implementation of QMS and increased SLIPTA star rating by 75%. All labs performing VL/EID testing are enrolled into CDC PT program and 100% pass PT.

Table 6-E (Entry of Above Site Programs Activities)									
Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 175,000	Lab quality improvement and assurance	Weak laboratory system to ensure quality of clinical laboratory services for HIV patients	COP18	COP20	100% of PEPFAR-suported laboratories and sites enrolled in national EQA program and 95% have satisfactory EQA performance
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S NATIONAL PLAN FOR PREVENTION	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ -	Service organization and management systems	Limited capacity of MOH to develop policies, guidelines, SOPs, training materials, and serve as Technical Assistance lead to HIV service delivery partners in Haiti	COP18	COP19	Completion of PHIA fieldwork Dissemination of first PHIA data report
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S NATIONAL PLAN FOR	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 150,000	Program and data quality management	Lack of skilled care providers and field data personel to gather quality data for proper decision-making to improve PEPFAR program	COP19	COP19	- 100% of PEPFAR-supported site data officers are skilled for quality data management - 100% of MER indicators are accurately captured and reported in a timely manner to the PEPFAR program
HHS/CDC	UNIVERSITY OF WASHINGTON	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 60,000	National strategic plans, operational plans and budgets	Limited capacity of MOH to develop policies, guidelines, SOPs, training materials, and serve as Technical Assistance lead to HIV service delivery partners in Haiti	COP18	COP21	MSPP/PNLS starts policy development process when needs are identified, based on data anlysis and programmatic barriers. Guidelines are updated timely based on recent evidences and/or WHO updates
HHS/CDC	UNIVERSITY OF WASHINGTON	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 40,000	Service organization and management systems	Limited role of communities, especially PLHIV associations in the fight against HIV, and insufficient organization of the community work	COP19	COP20	Customized framework developped for the country to guide better management of HIV community work and to integrate PLHIV associations in the fight against HIV
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S NATIONAL PLAN FOR PREVENTION	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 130,000	Clinical guidelines, policies for service delivery	Limited capacity of MOH to develop policies, guidelines, SOPs, training materials, and serve as Technical Assistance lead to HIV service delivery partners in Haiti	COP18	COP21	Dashboard Visual is fully used by all levels of the MOH HIV data reviewed highest level of the MOH every month. HIV data presented to gouvernment high level and other ministries on a regular basis for decision making

Table 6-E (Entry of Above Site Programs Activities)									
Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/CDC	MOH BUILDING AND STRENGTHENING HAITI'S NATIONAL PLAN FOR PREVENTION	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 80,000	Service organization and management systems	Limited capacity of MOH to develop policies, guidelines, SOPs, training materials, and serve as Technical Assistance lead to HIV service delivery partners in Haiti	COP18	COP21	Departmental directorates prepare improvement plans with at least top 3 sites under their supervision At least 1 meeting every quarter to analyze HIV data for their department (SNU) with the sites At least 1 targeted intervention following analysis of data
HHS/CDC	Catholic Medical Mission Board Inc	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 100,000	Service organization and management systems	Limited capacity of MOH to develop policies, guidelines, SOPs, training materials, and serve as Technical Assistance lead to HIV service delivery partners in Haiti	COP19	COP21	- Framework or model developed to guide the contribution of faith organizations/faith leaders to the HIV program. -Inventory of existing HIV-related educational tools including visuals, audios completed -Specific faith-related tools developed for key strategic areas, such as creating demand for HIV self-testing, especially among young adult men, within the faith-based communities