United States Department of State

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COP 2020 Planning Level Letter | PART 2

INFORMATION MEMO FOR AMBASSADOR SISON, HAITI

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

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

Key successes

- PEPFAR Haiti's intensive partner management to support continuity of care, emergency ARV dispersement, and rapid scaling of multi-month dispensing to clients during on-going instability
- A Return to Care campaign that successfully brought 16,365 clients back to treatment, including 4,020 clients from cohorts prior to FY 2019
- An increasing proportion of HIV positive individuals found through index testing, up from 14% in FY 2019 Quarter 1 to 31% in Quarter 4, with a yield of 24.8% positivity in clients reached through index testing

Key challenges

- Continuing to strengthen partner management to ensure key interventions, including index testing and PrEP, are scaled and implemented with fidelity, with targeted interventions for groups with lower ART coverage including men and youth
- Improving client retention and preventing loss to follow up through client-centered care, with a focus on expanding multi-month drug dispensing and completing the transition to optimized drug regimens including TLD
- Expanding viral load coverage, including community viral load sample collection, to ensure all eligible clients receive a viral load test

SECTION 1: COP 2020 PLANNING LEVEL

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

Table 1. COP 2020 Total Budget including Applied Pipeline

OU Total	Bilateral				Central	TOTAL
	FY20	**FY19**	**FY17**	**Unspecified**	**Unspecified**	**TOTAL**
Total New Funding	**$ 70,478,681**	**$ -**	**$ -**			**$ 70,478,681**
GHP- State	$ 69,491,181	$ -	$ -			**$ 69,491,181**
GHP- USAID	$ -	$ -	$ -			**$ -**
GAP	$ 987,500	$ -	$ -			**$ 987,500**
Total Applied Pipeline				**$ 19,401,794**	**$ 99,525**	**$ 19,501,319**
DOD				$ -	$ -	**$ -**
HHS/CDC				$ 10,365,000	$ -	**$ 10,365,000**
HHS/HRSA				$ -	$ -	**$ -**
PC				$ -	$ -	**$ -**
State				$ -	$ -	**$ -**
USAID				$ 9,036,794	$99,525	**$ 9,136,319**
TOTAL FUNDING	**$ 70,478,681**	**$ -**	**$ -**	**$ 19,401,794**	**$99,525**	**$ 89,980,000**

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

Haiti should plan for the full Care and Treatment (C&T) level of $69,200,000 and the full Orphans and Vulnerable Children (OVC) level of $11,775,000 from Part 1 of the PLL across all funding sources. The earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

Table 2. COP 2020 Earmarks

Earmarks	COP 2020 Planning Level			
	FY20	FY19	FY17	Total
C&T	$ 50,000,000	$ -	$ -	**$ 50,000,000**
OVC	$ 7,800,000	$ -	$ -	**$ 7,800,000**
GBV	$ 1,446,452	$ -	$ -	**$ 1,446,452**
Water	$ 813,806	$ -	$ -	**$ 813,806**

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

Table 3. Total COP 20 Initiative Funding

	COP 20 Total
Total Funding	**$ 15,800,000**
VMMC	$ -
Cervical Cancer	$ -
DREAMS	$ 3,500,000
HBCU Tx	$ -
COP 19 Performance	$ 4,500,000
HKID Requirement	$ 7,800,000

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

SECTION 3: PAST PERFORMANCE – COP 2018 Review

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

Indicator	FY19 result (COP18)	FY20 target (COP19)
TX Current Adults	**107,368**	**130,837**
TX_CURR Pediatrics	**4,135**	**4,977**
VMMC among males 15 years or older	**Not Applicable**	**Not applicable**
DREAMS	**4,462 (31.8% of total AGYW reached)**	**No target**
Cervical Cancer (CXCA_SCRN N)	**111**	**No target**
TB Preventive Therapy (TB_PREV N)	**10,744**	**47,432**
TB Treatment of HIV Positive (TX_TB N)	**715**	**136,546**

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

OU/Agency	Sum of Approved COP 2018 Planning Level	Sum of Total FY 2019 Outlays	Sum of Over/Under Outlays
Haiti			
DOD	-	-	-
HHS/CDC	48,747,375	48,200,349	547,026
HHS/HRSA	-	-	-
PC	-	-	-
State	25,000	0	25,000
State/AF	-	-	-
State/SGAC	-	-	-
USAID	52,727,257	49,663,467	3,063,790
Grand Total	**101,499,632**	**97,863,816**	**3,635,816**

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

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

Mech ID	Prime Partner	Funding Agency	COP18/FY19 Budget (New funding + Pipeline + Central)	Actual FY19 Outlays ($)	Over/Under FY19 Outlays (Actual $ - Total COP18 Budget $)
18267	Partners in Health	CDC	6,500,000	8,118,093	(1,618,093)
14627	Catholic Medical Mission Board	CDC	0	54,865	(54,865)
18631	Caris Foundation	USAID	5,433,710	6,817,953	(1,384,243)
18625	DAI Global, LLC	USAID	1,000,000	1,479,668	(479,668)
18623	Catholic Relief Services - United States Conference of Catholic Bishops	USAD	1,994,831	2,449,281	(454,450)

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

Table 7. COP 2018 | FY 2019 Results & Expenditures

Agency	Indicator	FY19 Result	FY19 Target	% Achievement	Program Classification	FY19 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	583,234	**627,111**	93.0%	HTS	$2,464,349	73.48%
	HTS_TST_POS	14,767	**17,639**	83.7%			
	TX_NEW	13,964	**19,374**	72.1%	C&T	$19,320,488	63.02%
	TX_CURR	88,953	**110,385**	80.6%			
	VMMC_CIRC	N/A	N/A	N/A	N/A	N/A	N/A
	OVC_SERV	20,904	**30,246**	69.1%	OVC Major Beneficiary	1,802,328	99%
	HTS_TST	190,459	**189,415**	100.6%	HTS	$2,502,039	80.95%
	HTS_TST_POS	6,375	**5,964**	106.9%			
	TX_NEW	5,568	**5,990**	93%			

USAID	TX_CURR	19,301	22,503	85.8%	C&T	$22,517,492	73.16%
	VMMC_CIRC	N/A	N/A	N/A	N/A	N/A	N/A
	OVC_SERV	108,385	68,074	159.2%	OVC Major Beneficiary	$3,316,735	100%
					Above Site Programs	$10,481,918	
					Program Management	$14,242,537	

COP 2018 | FY 2019 Analysis of Performance

Case Finding:

- PEPFAR Haiti achieved 88.3% of its HTS_TST_POS target, identifying 20,845 positives in FY19, a decrease from the 21,773 positives identified in FY18.
- The proportion of positives identified through index testing increased from 14% in FY19 Q1 to 31% in FY19 Q4.
- Yield for index testing varied by partner. Need to ensure index testing is implemented with fidelity across partners, with enhanced training to improve contact elicitation, and targeted approaches for men (coverage of contact testing for men was 89% compared to 97% for women.)
- Need to focus on index testing for the virally unsuppressed and continue to increase the proportion of positives found through index testing.
- Need to increase community engagement and client-friendly services through U=U messaging and treatment literacy.

Care and Treatment:

- PEPFAR Haiti achieved 75% of its TX_NEW target, initiating 19,030 clients on treatment in FY19. Compared to performance in the previous fiscal years, the rate of program growth is declining. In FY17, 21,798 clients initiated treatment and in FY18, 20,247 clients initiated treatment.
- Due to challenges in retention, of the 19,030 new clients on treatment, at the end of Q4, there were 5,771 net new clients.
- PEPFAR Haiti's Return to Care campaign brought 16,365 clients back to treatment, including 4,020 clients from cohorts prior to FY 2019 – however there are still 13,390 clients lost in FY19 that were not brought back to clinic by Sept 2019. Further, only 48% of the clients lost to follow up that were reached agreed to return to care. This highlights the need to continue to improve the quality of care, offer client-centered services, fully roll out multi-month dispensing of 6+ months of ARVs, and expand decentralized and community drug distribution.
- Total clients on treatment, TX_CURR, increased from 101,597 in FY18 to 107,368 in

FY19. This represents 80.8% target achievement.

- Of those clients that received a viral load test, 79% were virally suppressed. However, only 85% of eligible clients received a viral load test.

OVC:

- PEPFAR Haiti achieved 131.5% of its target for OVC_SERV, reaching 129,289 beneficiaries.
- In COP20, OVC and clinical implementing partners in Haiti must work together to ensure that 90% or more of children and adolescents on ART with PEPFAR support in OVC SNUs are offered the opportunity to enroll in the comprehensive OVC program.
- In FY19, 3.1% of OVC beneficiaries in Haiti exited without graduation (16% for CDC, 0% for USAID), reflecting program quality issues. The percentage of OVC beneficiaries that exit the OVC program without graduation should be 10% or lower across agencies and implementing partners.
- The OVC_HIVSTAT known status proxy for FY19 in Haiti was 98% (89% for CDC, 100% for USAID). In COP20, all OVC implementing partners and agencies must ensure that 90% or more of OVC beneficiaries under age 18 have a known HIV status or are deemed not to need a test based on a standard HIV risk assessment.
- In FY19, 92% of OVC that self-reported as living with HIV reported that they were on ART (82% for CDC, 99% for USAID). The percentage of OVC living with HIV on ART should be 95% or higher in COP20 across agencies and implementing partners.

DREAMS:

- Haiti's DREAMS program saw improvement in the completion of the primary package from <6 months to 7-12 months, and age group completion rates averaged out over time.
- Nearly 40% of AGYW ages 10-14 did not complete the primary package, and only 15% of beneficiaries completed both the primary and secondary package.
- For AGYW ages 15-19, nearly 80% did not complete the primary package, less than 10% completed both the primary and secondary package.

Above-site:

- Above site priorities should continue to include:
  - Sustained investments in health systems
  - Reinforced lab capacity at departmental level to support partial decentralization of EID and VL
  - Enhance capacity of Ministry of Health to address human rights issues
  - Support development of SOPs for critical interventions, including community VL sample collection and self-testing

Partner Performance

- Catholic Medical Mission Board (CMMB) funded by CDC, achieved over 93% of its

TX_NEW target and 91.4% of their TX_CURR target. Of the 3,064 new clients CMMB initiated on treatment, it had a TX_NET_NEW of 2,873 clients.

- GHESKIO 1924, funded by CDC, achieved 135% of its TX_NEW target, however its TX_NET_NEW of 633 clients was much lower than the 1,671 clients initiated on treatment. GHESKIO 1924 reached 94.6% of its TX_CURR target.
- Partners in Health, funded by CDC, achieved 70.7% of its TX_NEW target and 73.1% of its TX_CURR target, indicating significant challenges with retention. Partners in Health expended 80.53% of its care and treatment budget and 47.95% of its budget for testing.
- Caris Foundation, funded by USAID, achieved 104% of its TX_NEW target, and expended 104.34% of its budget for care and treatment, but only achieved 30% of its target for TX_NET_NEW, thus indicating significant challenges in retention.

SECTION 4: COP 2020 DIRECTIVES

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

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

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

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

	Minimum Program Requirement	**Status**	**Outstanding Issues Hindering Implementation**
Care and Treatment	1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.[1]	Completed	Continue to improve linkage, particularly for <15 male and female. In FY19 <15 female linkage rate was 80%, and <15 male linkage rate was 91.57%.
	2. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥20kg, and removal of all nevirapine-based regimens.[2]	77% of PEPFAR TX_CURR on TLD by FY19 Q4.	Need to ensure that TLD transition continues at rapid pace, and that the remaining 16,288 clients on non-TLD regimens (as of September 2019) are placed on TLD if eligible.
	3. Adoption and implementation of differentiated service delivery	82% of patients on MMD by FY19 Q4.	Still many patients receive 1- and 2-month interval ARVs. Need to ensure that SOPs are in place for

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

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

	models, including six-month multi- month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.[3]		providers to supply all eligible clients with MMD, particularly 6+ month supply.
	4. All eligible PLHIV, including children, should have been offered TB preventive treatment (TPT) by end of COP20; cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.[4]	Completion rate of TPT in FY19 Q4 was 65.1% - with partners ranging in completion rate from 89% (GHESKIO) to 34.7% (Health through Walls).	Need to ensure that all IPs are properly reporting results and are adequately trained to integrate TB preventative treatment into HIV clinical care.
	5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	Diagnostic Network Optimization activities are on-going with an existing plan to place a 5th machine to test VL/EID in Cap Haitien, and a plan to explore placing a Gene Xpert machine to conduct EID testing in the Southern Region.	PEPFAR Haiti should continue to prioritize this in COP20 planning.

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

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

Case Finding	6. Scale up of index testing and self- testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV.[5]	The proportion of HIV positives found through index testing was 31% in FY19 Q4, with a yield of 24.8%.	There is significant variability in implementation of index testing across partners. For example, GHESKIO identified 11.39% of female positives and 12.5% of male positives through index testing, and CMMB identified 43.24% of female positives and 55.83% of male positives through index testing. Rates of contact elicitation also varied greatly by site and partner. Need to ensure index testing is implemented with fidelity across all partners and sites.
Prevention and OVC	7. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV- negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV- negative partners of index cases, key populations and adult men engaged in high- risk sex practices)[6]	PrEP_NEW and PrEP_CURR result was 111 in FY19.	Need expansion of PrEP services for high risk populations, including AGYW, as outlined in COP guidance.

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

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

	8. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) providing support and case management for vulnerable children and adolescents living with HIV 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.	PEPFAR Haiti achieved 131.5% of its target for OVC_SERV, reaching 129,289 beneficiaries.	3.1% of OVC beneficiaries exited without graduation (16% for CDC, 0% for USAID). The percentage should be 10% or lower. CDC Haiti needs to improve program quality to address this gap.

Policy & Public Health Systems Support	9. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention.[7]	Completed	
	10. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.[8]		PEPFAR Haiti needs to ensure that CQI is supported by IP work plans, agreements, and policy.

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

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

	11. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.		PEPFAR Haiti should continue to improve VL literacy activities in COP20.
	12. Clear evidence of agency progress toward local, indigenous partner prime funding.	PEPFAR Haiti acceleration proposal included $14.9M to new partners, with a directive to prioritize new local, indigenous partners in awarding those funds.	PEPFAR Haiti should identify this progress in their COP20.
	13. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.		PEPFAR team should continue to work with the Government of Haiti to increase its resource contribution towards the HIV response where possible.
	14. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.		PEPFAR Haiti should work within active public health surveillance systems to collect data on subpopulation morbidity and mortality indicators.
	15. Scale-up of case- based surveillance and unique identifiers for patients across all sites.	Haiti has successfully rolled out case-based patient registry with biometric patient tracking with all partners.	PEPFAR Haiti should work to ensure interoperability and work with PEPFAR Dominican Republic to explore possible unique identifiers that could be interoperable across the border, particularly for clients migrating between the two countries. In addition, the patient registry data should be used to analyze and refine impact of retention and return to care efforts.

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

Table 9. COP 2020 (FY 2021) Technical Directives

Haiti –Specific Directives
HIV Testing
1. Ensure index testing implemented with fidelity across partners, enhanced training to improve contact elicitation, and targeted approaches for men
2. Index testing for virally unsuppressed – continue to increase positives found by index testing, per COP guidance
3. Increased community engagement through U=U messaging & treatment literacy
4. Expansion of mobile outreach & client-friendly services for hard to reach populations
5. Ensure full roll-out of self-testing
HIV Care and Treatment
1. Continue to scale implementation of activities begun in COP19 to return clients to care and prevent LTFU, including intensive partner management and client-centered approaches (treatment literacy, flexible hours, differentiated service delivery models, psychosocial support, socio-economic support)
2. Intensive partner and site-level management of contingency plan implementation for continuity of care during instability
3. Expansion of mobile outreach
4. Expansion of men's clinics and men friendly services
5. Full roll-out of MMD 6 months or more
6. Increase U=U messaging, and youth-friendly U=U materials
7. Work to improve completion rate of TB Preventative Therapy
Viral Load Suppression
1. Update national guidelines to allow VL testing at community level
2. Support Ministry of Health to ensure unsuppressed clients are on optimized regimens
Prevention
1. Scale use of PrEP for KP and AGYW cohorts

2. Improve layering and primary care package completion for DREAMS, in both 10-14 and 15-19 age groups
3. Address program quality issues in OVC program, to reduce number of beneficiaries exiting without graduation, and that 90% or more of children and adolescents on ART in OVC SNUs are offered enrollment in comprehensive OVC program
Supply Chain
1. Support the Ministry of Health with the finalization and roll-out of the comprehensive, paper-based Logistics Management Information System (LMIS) and collaborate with Global Fund and other stakeholders on the implementation of an eLMIS
2. Conduct lab network optimization analysis to expand access and determine opportunities for integration and use of GeneXpert instruments
3. Support all-inclusive laboratory procurements through Vendor Managed Inventory (VMI) solutions via newly executed PEPFAR VL RFP
4. Support the government of Haiti to conduct a comprehensive quantification for ARVs, RTKs and lab commodities to inform coordinated procurement plans for all HIV stakeholders in the country, specifically PEPFAR and Global Fund

COP 2020 Technical Priorities

Client and Family Centered Treatment Services

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

Community-led Monitoring

In COP 20, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through State Department Ambassador’s small grants in close collaboration with independent, local civil society organizations and host country governments. Collaboration

with community groups, civil society organizations and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level.

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

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

DREAMS
DREAMS funding is allocated within your COP 2020 planning level and must be used exclusively for the goal of HIV Prevention among adolescent girls and young women (AGYW) in DREAMS SNUs in accordance with all DREAMS and COP 2020 Guidance. In addition to ensuring that all DREAMS beneficiaries complete the core package of relevant services, priorities for COP20 DREAMS implementation include: systematically identifying and engaging AGYW that are most vulnerable to HIV acquisition, improving the package of economic strengthening services offered to AGYW (including exploring potential job opportunities through PEPFAR), and accelerating PrEP uptake for AGYW.

DREAMS is receiving an increase in new funding which should be used for the following:

- Expand DREAMS into the 20-24 age group.
- Minimum Requirements for new funds: To receive additional funds, Haiti must present a strategy and a timeline at the COP meeting for the following:
    - Hire a dedicated DREAMS Coordinator (100% LOE)
    - Hire DREAMS ambassadors for each arrondissement to support DREAMS coordination and oversight
    - Implement approved, evidence-based curricula in line with the current DREAMS Guidance
    - Ensure a fully operable layering database with unique IDs across IPs and SNUs
    - Ensure a full geographic footprint in all districts
    - Address challenges and ensure DREAMS implementation in all districts with fidelity (e.g. community mobilization must be implemented)

OVC
To support the Minimum Program Requirement described above, in COP 20 clinical sites and OVC implementing partners should jointly develop formal relationships, such as a memoranda of understanding (MOU), outlining the roles and responsibilities of each member of the multi-disciplinary care team and addressing key issues such as bi-directional referral protocols, case

conferencing, shared confidentiality, and joint case identification. PEPFAR-supported treatment clinicians should play a key role in training OVC community case workers to build their knowledge in areas such as adherence, retention, and disclosure.

Cervical Cancer Screening and Treatment

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

PLHIV Stigma Index 2.0

PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised Stigma Index 2.0 or complement Global Fund or other donors financing implementation of the Stigma Index 2.0, if it has not already been implemented in the OU. This revised U.S. government compliant version can begin the process of baseline data collection for evaluating the future impact of interventions on reducing stigma and can inform future HIV program planning. If the revised Stigma Index 2.0 has not been previously conducted in the OU, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during COP 20, whether supported by PEPFAR or other resources.

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

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

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

APPENDIX 1: Detailed Budgetary Requirements

Table 10. COP 2020 New Funding Detailed Controls by Initiative

	COP 2020 Planning Level			
	FY20			COP 20 Total
	GHP-State	GHP-USAID	GAP	
Total New Funding	**$ 69,491,181**	**$ -**	**$ 987,500**	**$ 70,478,681**
Core Program	$ 57,191,181	$ -	$ 987,500	**$ 58,178,681**
COP 19 Performance	$ 4,500,000			**$ 4,500,000**
HKID Requirement ++	$ 7,800,000			**$ 7,800,000**

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

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

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

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

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

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

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. PEPFAR has set a 70% goal ***by agency*** *by the end of FY20 and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP 2019 submission.*

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

All agencies in Haiti should hold a 4-month pipeline at the end of COP 2020 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP 2019 implementation (end of FY 2020) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP 2020, decreasing the new funding amount to stay within the planning level.