



United States Department of State

Washington, D.C. 20520

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10 April 2020

MEMO FOR MICHELE SISON; U.S. AMBASSADOR TO HAITI

SUBJECT: PEPFAR Haiti Country Operational Plan 2020 Approval

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

This memo serves as the approval memo for the PEPFAR Haiti Country Operational Plan (COP) 2020 with a total approved budget of \$ \$99,753,532, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

Haiti	New Funding (all accounts)	Pipeline	Total Budget FY 2021 Implementation
Total Budget	79,752,213	20,001,319	99,753,532
Bilateral	79,752,213	19,901,794	99,654,007
Central	-	99,525	99,525

This memo approves a total FY 2021 outlay for COP 2020 implementation that does not exceed the total approved COP 2020 budget of \$ \$99,753,532. Any prior year funds that are not included within this COP 2020 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2021 without additional written approval. The new FY 2020 funding and prior year funds approved within this memo as a part of the total COP 2020 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2021 – must be submitted to and approved by S/GAC.

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

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners during the February 24-February 28, 2020 in-person planning meetings and participants in

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the virtual approval meeting; the final COP 2020 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

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

Funding and targets for Haiti's Country Operational Plan (COP) 2020 will support PEPFAR Haiti's vision in partnership with the Government and people of Haiti to reach epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed. In COP 2020, PEPFAR Haiti will work towards epidemic control across all ages and sexes, with the ultimate goal across the country that 130,863 clients will be life-saving treatment by the end of FY 2021. The program for COP 2020 will focus intensely on the highest burdened geographic areas by enrolling an additional 7,456 PLHIV on treatment in FY2021 and ensuring viral load suppression in 123,189 patients in these areas.

Haiti made modest gains towards 95-95-95 in the face of significant implementation challenges during the COP18/FY19 period. Of the estimated 153,300 persons living with HIV (PLHIV) (Spectrum, 2020), 84% know their status, 86% of the diagnosed PLHIV are on treatment, and 80% of antiretroviral therapy (ART) clients with a viral load test are virally suppressed. Client loss continues diminish net gains and treatment growth. Retention in care remains the single greatest barrier to achieving epidemic control in Haiti. The program must urgently address gaps in HIV care to stem patient loss. The highest rates of patient loss to follow-up occur among adults aged 20-39-years and among children under 10 years of age. Patients cite time required to receive services as the greatest retention barrier, followed by financial hardship.

To address these critical gaps in retention and viral suppression, and reduce ongoing transmission, Haiti's program will focus on delivering uninterrupted, optimized ART to all clients, with access to high-quality care within and outside the facility. In collaboration with the Ministry of Health (MSPP), PEPFAR Haiti will:

- Continue intensified partner management to ensure MSPP policy compliance and implementation of client-centered approaches to improve retention. Policy compliance includes continuing enrollment on optimized PEPFAR-standard regimens, 6-month multi-month ART dispensing (MMD), and optimized viral load sample collecting (finger-prick Dry Blood Spot [DBS]). Client-centered approaches include an Easy Start package of service for new ART patients, tailored service delivery for lost to follow-up (LTFU) clients and clients who move or migrate. This will also include a cross-border initiative with PEPFAR Dominican Republic.
- Expand community ART dispensation points and peer-led community ART groups to ensure coverage in the highest burden sub national units and areas with high loss to

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follow up. Leverage community health workers and peers to improve accuracy of client contact information and location data.

- Increase targeted prevention activities such as the “Determine, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program for adolescent girls and young women, the Faith and Community Initiative, and the Orphan and Vulnerable Children programming as well as pre-exposure prophylaxis [PrEP] to reduce HIV acquisition among high risk prevention clients. Geographic coverage for PrEP will expand beyond the Ouest department.

In COP20, the PEPFAR Haiti program will scale and optimize new strategies started in COP19. Client-centered approaches will be enhanced with differentiated service delivery models, particularly additional community drug distribution points and the implementation of peer-led community ART groups, the expansion of 6-month MMD to 95% of ART patients, and the availability of extended clinic hours. Focus will be placed on prevention of treatment interruption through efforts to improve treatment literacy, and better linkage of psycho-social support with treatment to improve outcomes. Aggressive patient tracking will continue, with an emphasis on addressing root causes of treatment interruption, and LTFU will be minimized with the implementation of packages of services tailored to age groups, especially young adults who have a higher LTFU rate. Faith and community initiatives will be optimized to reach men, improve children’s viral suppression, and ameliorate overall retention and adherence to treatment. PEPFAR Haiti will also accelerate uptake of optimized pediatric regimens, including dolutegravir-based regimens. Engagement of civil society organizations, particularly PLHIV and Key Population (KP) associations, will be a key component of the COP20 overall strategy. The CSO observatory will be established during COP19 and will continue to be supported in COP20 with the Ambassador’s small grants program, in order to ensure that clients’ feedback and needs are properly addressed.

Funding Summary

All COP 2020 funding summarized in the chart below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

	Bilateral			Central			Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
	New Funding			Applied Pipeline		Applied Pipeline				
	FY20	FY19	Unspecified	Total	Unspecified	Total				
Haiti	Total	GHP-State	GAP	Total	Total	Total				
DOD TOTAL	-	-	-	-	-	-	-	-	-	-
HHS TOTAL	39,338,319	38,350,819	987,500	10,865,000	-	-	10,865,000	39,338,319	50,203,319	
HHS/CDC	39,338,319	38,350,819	987,500	10,865,000	-	-	10,865,000	39,338,319	50,203,319	
HHS/HRSA	-	-	-	-	-	-	-	-	-	
HHS/SAMHSA	-	-	-	-	-	-	-	-	-	
PEACE CORPS TOTAL	-	-	-	-	-	-	-	-	-	
STATE TOTAL	359,364	359,364	-	-	-	-	-	359,364	359,364	
State (State, S/EUR, S/EAP, and S/WHA)	359,364	359,364	-	-	-	-	-	359,364	359,364	
State/AF	-	-	-	-	-	-	-	-	-	
State/PRM	-	-	-	-	-	-	-	-	-	
State/SGAC	-	-	-	-	-	-	-	-	-	
USAID TOTAL	40,054,530	40,054,530	-	4,635,000	4,401,794	99,525	99,525	9,036,794	49,190,849	
USAID_non-WCF	18,263,017	18,263,017	-	4,635,000	4,401,794	99,525	99,525	9,036,794	27,399,336	
USAID_WCF	21,791,513	21,791,513	-	-	-	-	-	-	21,791,513	
TOTAL	79,752,213	78,764,713	987,500	15,500,000	4,401,794	99,525	99,525	19,901,794	99,753,532	

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

GHP-State Funds: Upon the clearance of a FY 2020 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Upon receipt from S/GAC,

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agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2021 at approved COP 2020 partner budget levels to achieve FY 2021 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2020 total budget level and documented within COP 2020 partner budgets are not to be executed or outlaid without written approval from S/GAC.

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

Earmarks	COP20 Funding Level			
	FY20	FY19	FY17	Total
Care & Treatment	56,467,680	-	-	56,467,680
Orphans and Vulnerable Children	9,424,165	-	-	9,424,165
Preventing and Responding to Gender-based Violence	1,496,452	-	-	1,496,452
Water	813,806	-	-	813,806

Initiatives by Agency

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	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Bilateral - New Funding	Total COP 20 Budget
Haiti				
TOTAL	99,525	19,901,794	79,752,213	99,753,532
<i>of which, Ambition</i>	-	-	5,000,000	5,000,000
<i>of which, COP19 Performance</i>	-	-	4,500,000	4,500,000
<i>of which, Core Program</i>	-	18,312,576	60,541,431	78,854,007
<i>of which, DREAMS</i>	-	1,589,218	1,910,782	3,500,000
<i>of which, HKID Requirement</i>	-	-	7,800,000	7,800,000
<i>of which, KPIF</i>	99,525	-	-	99,525
DOD TOTAL	-	-	-	-
HHS TOTAL	-	10,865,000	39,338,319	50,203,319
HHS/CDC	-	10,865,000	39,338,319	50,203,319
<i>of which, Ambition</i>	-	-	2,500,000	2,500,000
<i>of which, COP19 Performance</i>	-	-	2,250,000	2,250,000
<i>of which, Core Program</i>	-	10,865,000	29,935,155	40,800,155
<i>of which, DREAMS</i>	-	-	1,760,782	1,760,782
<i>of which, HKID Requirement</i>	-	-	2,892,382	2,892,382
HHS/HRSA	-	-	-	-
HHS/SAMHSA	-	-	-	-
PEACE CORPS TOTAL	-	-	-	-
STATE TOTAL	-	-	359,364	359,364
State (State, S/EUR, S/EAP, and S/WHA)	-	-	359,364	359,364
<i>of which, Core Program</i>	-	-	209,364	209,364
<i>of which, DREAMS</i>	-	-	150,000	150,000
State/AF	-	-	-	-
State/PRM	-	-	-	-
State/SGAC	-	-	-	-
USAID TOTAL	99,525	9,036,794	40,054,530	49,190,849
USAID, non-WCF	99,525	9,036,794	18,263,017	27,399,336
<i>of which, Ambition</i>	-	-	2,500,000	2,500,000
<i>of which, COP19 Performance</i>	-	-	868	868
<i>of which, Core Program</i>	-	7,447,576	10,854,531	18,302,107
<i>of which, DREAMS</i>	-	1,589,218	-	1,589,218
<i>of which, HKID Requirement</i>	-	-	4,907,618	4,907,618
<i>of which, KPIF</i>	99,525	-	-	99,525
USAID, WCF	-	-	21,791,513	21,791,513
<i>of which, COP19 Performance</i>	-	-	2,249,132	2,249,132
<i>of which, Core Program</i>	-	-	19,542,381	19,542,381
TOTAL	99,525	19,901,794	79,752,213	99,753,532

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

FY 2021 Target Summary

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

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Haiti		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15		1,181		66		1,247
	15+		7,343	1,604	2,838		11,785
	Total	-	8,524	1,604	2,904	-	13,032
HTS_TST	<15		12,028	542	2,581		15,151
	15+		188,451	30,576	52,850		271,877
	Total	-	200,479	31,118	55,431	-	287,028
HTS_TST_POS	<15		174	16	46		236
	15+		5,079	1,022	1,234		7,335
	Total	-	5,253	1,038	1,280	-	7,571
TX_NEW	<15		230	50	132		412
	15+		4,865	989	1,190		7,044
	Total	-	5,095	1,039	1,322	-	7,456
TX_CURR	<15		3,300	382	1,306		4,988
	15+		86,994	17,477	21,404		125,875
	Total	-	90,294	17,859	22,710	-	130,863
TX_PVLS	<15		3,151	384	1,303		4,838
	15+		81,798	16,429	20,124		118,351
	Total	-	84,949	16,813	21,427	-	123,189
CXCA_SCRN	Total (15+)						-
OVC_SERV	<18		63,904	11,831	15,486	416	91,637
	18+		14,394	2,768	3,964	106	21,232
	Total	-	78,298	14,599	19,450	522	112,869
OVC_HIVSTAT	Total (<18)		63,896	11,828	15,476	416	91,616
PMTCT_STAT	<15						-
	15+		107,675	20,252	36,386		164,313
	Total	-	107,675	20,252	36,386	-	164,313
PMTCT_STAT_POS	<15						-
	15+		1,958	835	1,780		4,573
	Total	-	1,958	835	1,780	-	4,573
PMTCT_ART	<15						-
	15+		1,964	841	1,786		4,591
	Total	-	1,964	841	1,786	-	4,591
PMTCT_EID	Total		1,956	811	1,710		4,477
PP_PREV	<15		68				68
	15+		44,812	5,554	3,452		53,818
	Total	-	44,880	5,554	3,452	-	53,886
KP_PREV	Total		62,030	8,796	5,181		76,007
KP_MAT	Total						-
VMMC_CIRC	Total						-
HTS_SELF	<15		73	7	15		95
	15+		4,378	987	1,194		6,559
	Total	-	4,451	994	1,209	-	6,654
PrEP_NEW	Total		3,495	410	339		4,244
PrEP_CURR	Total		6,251	885	677		7,813
TB_STAT (N)	<15		361	36	127		524
	15+		7,903	1,263	2,535		11,701
	Total	-	8,264	1,299	2,662	-	12,225
TB_ART (N)	<15		195	36	117		348
	15+		2,238	593	1,142		3,973
	Total	-	2,433	629	1,259	-	4,321
TB_PREV (N)	<15		1,262	159	516		1,937
	15+		33,141	6,532	7,912		47,585
	Total	-	34,403	6,691	8,428	-	49,522
TX_TB (D)	<15		3,530	425	1,440		5,395
	15+		91,845	18,447	22,593		132,885
	Total	-	95,375	18,872	24,033	-	138,280
GEND_GBV	Total		1,690	163	183		2,036

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

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COP 2019 Performance Funds:

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

Faith and Communities Initiative (FCI):

In light of the delays in FCI programming associated with delayed arrival of funds for FCI and/or new subs for FCI funding received in COP19, FCI funds from COP19 will be protected and can be outlayed in COP20, in excess of the new COP20 total budget amount indicated in this memo, without being considered an over-outlay. Activities related to FCI/FBO surge activities must be fully implemented in COP20/FY21.

Partner Management and Stakeholder Engagement:

Agreements made during COP discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15% of target achievement at 3 months or (2) less than 40% of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98% and 100% of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10% of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80% of their target at Q2 performance review should be triggered. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85%. If the issue is retention it should be net new on treatment equal to 90% of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Haiti's progress and help

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identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

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