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INFORMATION MEMO FOR CHARGÉ D' AFFAIRS ROBERT THOMAS, DOMINICAN REPUBLIC

FROM: **S/GAC – Acting U.S. Global AIDS Coordinator, Principal Deputy Assistant Secretary, Dr. Angeli Achrekar, DrPH, MPH**

THROUGH: **William S. Paul and Tiana Jaramillo**

SUBJECT: **Fiscal Year (FY) 2023 PEPFAR Planned Allocation and Strategic Direction**

Dear Chargé Thomas,

First and foremost, I sincerely hope that you and your team are safe and healthy. I am extremely grateful for your leadership of the PEPFAR program and additional COVID-19 response efforts during this difficult year.

While countries around the world continue to manage the effects of the COVID-19 pandemic, and the U.S. government acts on its commitment of support, it is encouraging to see vaccines making their way around the globe. The COVID response efforts – and continued use of the PEPFAR platform to support testing and vaccine delivery and uptake at point of care settings - are essential to our ability to provide ongoing care and life saving support for people living with HIV. The PEPFAR program has faced many challenges as a program during this period. Nevertheless, the PEPFAR family and partners have carried the mission forward while enduring significant personal impacts of COVID-19. Despite these challenges, what remains true is the strength and resilience of PEPFAR in partnership with countries and communities – through our teams, and our programs in the midst of dueling pandemics.

Tremendous effort has been made by PEPFAR over the year to protect and accelerate the HIV gains, while leveraging the platform to respond to COVID-19 as well.

PEPFAR Country/Regional Operational Plan (COP/ROP 2022) (for implementation in FY2023) represents a pivotal year in PEPFAR, as several countries are reaching or approaching the agreed upon UNAIDS 95/95/95 benchmarks for attaining epidemic control. As countries approach these benchmarks, while pivoting from "scaling to close gaps" to "sustaining" epidemic control, we must ensure HIV program and population equity, address outstanding barriers that threaten to derail progress made in reducing new HIV infections and associated mortality, and tailor our programs to serve all populations.

This year it is particularly important to plan COP/ROP22 together with the country government, civil society, and multilateral partners. Across PEPFAR, the focus on equity requires vigilant attention to program data demonstrating results and gaps. A focus on equity also means a focus on population groups where our efforts to date have not closed gaps, and specific planning, resource allocation, and program tailoring are needed – depending on what the data reveal for each country – focusing on: children, adolescent girls and young women, and key and priority populations.

While implementation continues to scale up, most PEPFAR countries are on a path to achieving program coverage goals. With that in mind, PEPFAR programs should focus on four key themes as we approach COP/ROP 22 planning and implementation:

1. Achieve and sustain epidemic control using evidence-based, equitable, people-centered HIV prevention and treatment services.
2. Support resilient and capacitated country health systems, communities, enabling environments, and local partners to build enduring capabilities.
3. Strengthen cooperation and coordination for greater impact, burden sharing, and sustainability.
4. Employ an equity lens with a persistent focus on reducing persistent inequalities experienced by children, key populations, and adolescent girls and young women.

I want to applaud the PEPFAR team for:

- Consistently prioritizing focus clients (FC) and growing the number of people living with HIV (PLHIV) who are receiving treatment.
- Effective technical assistance to the government of the Dominican Republic (GoDR) and quickly facilitating an emergency commodity donation to prevent treatment interruptions across the country.
- Updated guidelines to expand community services to serve focus clients better.

Working with the Government of the Dominican Republic and civil society leadership we have made tremendous progress together. The Dominican Republic (DR) should be proud of the progress made over the past 14 years of PEPFAR implementation and we are deeply grateful for the ongoing close coordination with the Global Fund and UNAIDS.

As you will see in COP guidance this year, changes in program direction will vary depending on where countries are in reaching epidemic control and the continued COVID-19 mitigations efforts each team is facing. While assessing possible shortfalls in programming arising from COVID-19, overarching challenges still exist.

Specifically, more focus and attention should be given to the following key challenges in PEPFAR DR:

- HIV commodity availability and supply chain management.
- Updating population size estimates and building knowledge and understanding of the population with the largest HIV treatment gap.
- Clarifying specific contributions of various donors and stakeholders in the national strategic plan for HIV epidemic control.
- Updating clinical policies to international standards to improve treatment optimization, linkage, and clinical and prevention cascades, and building political will and attention to HIV as a priority in keeping with the 95-95-95 commitments made at the UN High Level Meeting on HIV by the Dominican Republic.

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying COP/ROP 22 PEPFAR Planned Allocation and Strategic Direction Summary.

Consistent with the approach from years past, PEPFAR teams will once again be responsible for setting their own targets across PEPFAR program areas (with the treatment current target no less than the result that was to be achieved in COP 2021) in consultation with stakeholders. Teams should bear in mind that PEPFAR targets are not PEPFAR's but flow directly from the partner country government's commitment to the UNAIDS and SDG 3 goals.

The PEPFAR COP/ROP 22 notional budget for the Dominican Republic is **$25,000,000** inclusive of all new funding accounts and applied pipeline. All earmarks and program directives provided below must be met. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team, in collaboration with the Government of DR and civil society of DR, believes is critical for the country's progress towards controlling the pandemic and maintaining control.

Finally, in alignment with efforts by the U.S. government to support diversity, equity, inclusion, and accessibility as well as to advance equity for underserved communities and prevent and combat discrimination or exploitation on the basis of race, religion, gender identity or sexual orientation, PEPFAR will work to ensure that these principles are upheld, promoted, and advanced in all PEPFAR programs and in how we do business.

Please note that within the next few days our PEPFAR Chairs and PEPFAR Program Managers (PPMs), working closely with our CAST teams, will review this planning letter and details contained, herein, with your wider PEPFAR country team. Stakeholder engagement is essential for a productive and impactful planning process, and civil society engagement will continue to be an integral part of this planning process. Included in this planning letter is an outline of the expectations for engaging key stakeholders and civil society, as we continue to finalize our approach to hosting a virtual COP/ROP22 planning and approval process.

Once again, thank you for your continued leadership and engagement during the COP/ROP22 process.

Sincerely,

Angeli Achrekar

Attachment: **COP/ROP 2022 PEPFAR Planned Allocation and Strategic Direction Summary.**

CC: **S/GAC – William S. Paul, PEPFAR Chair; Tiana Jaramillo, PEPFAR Program Manager; Nena Lentini, PEPFAR Country Coordinator.**

Overview: COP/ROP 2022 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly monitoring POARTs, as well as Headquarters Country Accountability and Support Teams (CAST) input, a thorough program review of your country over time has been conducted. This includes the end of year results of the Country Operational Plan (COP) 2020 and current COP 2021 implementation as we plan for COP 2022. We have noted the following key successes and challenges:

Successes

1. Consistent commitment of resources and attention toward focus clients[1] (FC) and growth of treatment cohort (TX_NET_NEW) by 4,421 among FC and 4,772 among non-FC population. The Dominican Republic (DR) reported reductions of interruption in treatment (IIT), mostly among those on ART for 3 months or more, in FY 2021 compared to FY 2020 (for both females and males).
2. Effective technical assistance to the government of the Dominican Republic (GoDR) and emergency commodity donation to prevent treatment interruptions across the country.
3. Updates in guidelines to expand community services, the preferred choice of focus clients.

Challenges

1. Supply chain stability for key commodities threatened by persistent shortages and site-level stock-outs, which impacted negatively multi-month dispensing (MMD) and treatment optimization, viral load testing coverage (VLC), Tuberculosis Preventive Therapy (TPT) initiation, and Pre-Exposure Prophylaxis (PrEP) access and coverage expansion. Supply chain challenges have negatively impacted outcomes among all population groups; viral suppression rates are nowhere close to the 95% goal.
2. Outdated population size estimates and limited knowledge and understanding of the population, particularly the focus clients' needs, migration or mobility patterns, risk, and structural factors that increase their risk, to achieve epidemic control.
3. Political will and attention to prioritization of HIV programming, including FC-focused health services, key population (KP) programming, and supply chain challenges are needed.
4. Political will to help remove policy barriers to treatment optimization, linkage, and clinical cascades is needed. The 95-95-95 commitments in the Political Declaration on HIV, endorsed by the Dominican Republic at the UN High Level Meeting in 2021, are not included in the National HIV Strategic Plan 2021-2024. The strategic plan could be enhanced by an effort to define the roles and responsibilities of donors and other stakeholders, such as civil society organizations, and their contributions to HIV programming. Multistakeholder dialogue about the best approaches to reduce heightened gaps across the clinical cascade among non-FC and key populations is needed.
5. Recent policy decisions have facilitated discrimination against focus clients and LGBTQI. A larger percentage of focus clients are lost to care, and fewer focus clients return to care than non-FC living with HIV (LHIV).

Given your country's status relative to the goal of achieving HIV epidemic control, the following priority strategic and integrated changes are recommended:

1. In light of commitments made by Dominican Republic in the UN Political Declaration, we recommend that stakeholders articulate a vision for the next 5 years that clarifies national alignment in light of those commitments, and plan COP22 activities that will move toward that vision. The

[1] Focus clients are migrants of Haitian origin living in the Dominican Republic and their descendants, independent of their migratory status".

national alignment activity should reflect the political priority of a high-performing HIV program that meets the goals of the Political Declaration and define roles and responsibilities of organizations and their contributions to KP programming and other essential HIV services.
2. Expand data-based understanding of focus clients' needs, migration or mobility patterns, risk, and structural factors that increase their risk through traditional approaches and community-led monitoring (CLM).
3. Address supply chain issues, gaps in minimum program requirements (MPR), and decentralization of HIV services to be more community oriented.
4. Increase collaboration with and investments in FC-led organizations and FC-competent partners.
5. Expand access of the OVC program to FC household members especially C/ALHIV and HIV exposed infants; and better address range of clinical, psychosocial, and economic needs of beneficiaries including HIV testing services and adolescent prevention.

SECTION 1: COP/ROP 2022 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2021 (EOFY) tool, and performance data, the total COP/ROP 2022 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency.

TABLE 1: All COP 2022 Funding by Appropriation Year

	Bilateral				Central				Total
	FY22	FY21	FY20	Unspecified	FY22	FY21	FY20	Unspecified	TOTAL
Total New Funding	**$ 21,690,155**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 21,690,155**
GHP-State	$ 21,302,655	$ -	$ -		$ -	$ -	$ -		**$ 21,302,655**
GAP	$ 387,500				$ -				**$ 387,500**
Total Applied Pipeline	**$ -**	**$ -**	**$ -**	**$ 3,309,845**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 3,309,845**
DOD				$ 122,424				$ -	**$ 122,424**
HHS/CDC				$ 3,187,421				$ -	**$ 3,187,421**
TOTAL FUNDING	**$ 21,690,155**	**$ -**	**$ -**	**$ 3,309,845**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 25,000,000**

SECTION 2: COP 2022 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of $10,780,500 and the full Orphans and Vulnerable Children (OVC) level of $2,575,300 of the PLL across all funding sources. These 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 2022 Earmarks by Appropriation Year*

	Appropriation Year			
	FY22	FY21	FY20	TOTAL
C&T	$ 10,780,500	$ -	$ -	**$ 10,780,500**
OVC	$ 2,575,300	$ -	$ -	**$ 2,575,300**
GBV	$ 400,000	$ -	$ -	**$ 400,000**

**Only GHP-State and GHP-USAID will count towards the earmarks (Care and Treatment, OVC, GBV, and Water).*

***Only GHP-State will count towards the GBV and Water earmarks*

TABLE 3: COP 2022 Initiative Controls: Each dollar planned in COP can belong to only one initiative. Most COP funding will be budgeted as Core Program. In general, initiatives other than Core Program are used to track activities/programs that cannot be tracked by the combination of program area and beneficiary alone. See Appendix 1 for more detailed information on initiatives.

	Bilateral	Central	TOTAL
Total Funding	**$ 25,000,000**	**$ -**	**$ 25,000,000**
Core Program	$ 21,987,900	$ -	**$ 21,987,900**
OVC (Non-DREAMS)	$ 3,012,100	$ -	**$ 3,012,100**

TABLE 4: Programmatic Controls: Programmatic controls are used to track programmatic directives that can be tracked by a combination of program area and/or beneficiary. Programmatic controls may overlap with Initiatives, for example PrEP for Adolescent Girls and Young Women may count towards both the DREAMS Initiative and the PrEP (AGYW) programmatic control. See Appendix 1 for more detailed information on programmatic controls.

	Bilateral	Central	TOTAL
Total Funding	**$ 787,700**	**$ -**	**$ 787,700**
PrEP (KPs)	$ 787,700	$ -	**$ 787,700**

TABLE 5: State ICASS Funding

	Appropriation Year
	FY22
ICASS	$ -
ICASS TOTAL	$ -

<u>See Appendix 1 for detailed budgetary requirements and other budgetary considerations.</u>

SECTION 3: PAST PERFORMANCE – COP/ROP 2020 Review

TABLE 6. COP/ROP OU Level FY21 Program Results (COP20) against FY22 Targets (COP21)

Indicator	FY21 result (COP20)	FY22 target (COP21)
TX Current <15	170	177
TX Current >15	34,866	42,212
TB Preventive Therapy	2,525	40,596

TABLE 7. COP/ROP 2020 | FY 2021 Agency-level Outlays versus Approved Budget

OU/Agency	Approved COP/ROP 2020 Planning Level	Total FY 2021 Outlays	Over/Under Outlays
OU	$28,861,189	$23,134,440	$5,726,749
DOD	$367,011	$220,107	$146,904
HHS/CDC	$13,927,938	$10,662,978	$3,264,960
USAID	$14,566,240	$12,251,355	$2,314,885
Grand Total	**$28,861,189**	**$23,134,440**	**$5,726,749**

TABLE 8. COP/ROP 2020 | FY 2021 Results & Expenditures

Agency	Indicator	FY21 Target	FY21 Result	% Achievement	Program Classification	FY21 Expenditure	% Service Delivery
HHS/ CDC	HTS_TST	63,170	222,121	351.6%	HTS Program Area	$2,447,646	81%
	HTS_TST_ POS	4,383	5,416	123.8%			
	TX_NEW	4,062	4,199	103.4%	C&T Program Area	$3,821,483	64%
	TX_CURR	18,910	16,913	89.4%			
USAID	HTS_TST	62,073	105,355	169.7%	HTS Program Area	$722,090	76%
	HTS_TST_ POS	4,061	4,331	106.7%			
	TX_NEW	3,784	3,723	98.4%	C&T Program Area	$3,885,896	81%
	TX_CURR	22,990	18,133	78.9%			
	OVC_SERV	12,748	12,335	96.8%	OVC Beneficiary	$2,325,650	100%
					Above Site Programs	$925,062	
					Program Management	$5,017,001	

SECTION 4: COP/ROP 2022 DIRECTIVES

The following section has specific directives for COP 2022 based on program performance noted above. Please review each section carefully including the minimum program requirements.

Minimum Program Requirements (MPR)

All PEPFAR programs – bilateral and regional– must ensure the following minimum program requirements are in place. Adherence to these policies and practices is essential to the success of all PEPFAR programs at the national, subnational, and service delivery levels (e.g., facility, school, community). Evidence demonstrates that lack of any one of these policies and practices significantly undermines HIV impact and results in inefficient and ineffective programs.

All PEPFAR programs are expected to meet all the requirements below, and the COP22 Planning Meeting will include a review of the status of each requirement, including assessment of implementation (including barriers) at the point of client services. To the extent that any requirement(s) have not been met by the time of the COP22 Planning Meeting, the PEPFAR OU team will need to present a detailed description of existing barriers and the remediation plans proposed that will allow them to meet the requirement(s) prior to the beginning of FY2023. The list will be included in the Strategic Direction Summary (SDS), as well.

Failure to meet any of these requirements by the beginning of FY2023 may affect the OU budget. The minimum requirements for continued PEPFAR support include the table below.

TABLE 9. COP/ROP 2022 (FY 2023) Minimum Program Requirements

Care and Treatment
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to uninterrupted treatment across age, sex, and risk groups. Status: In process (target date: September 2023). ART initiation without waiting for complementary test results implemented at PEPFAR sites. Issues or Barriers: Country committed to 95/95/95 in the UN Political Declaration on HIV at the High-Level Meeting in June 2021. Linkage rate of HIV+ focus clients to care remained suboptimal in FY 2021 (76%). Policy requiring complementary lab results to initiate HIV positive clients on ART in non-PEPFAR sites has not been updated to current standards.
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 who are ≥4 weeks of age and weigh ≥3 kg, and removal of all NVP- and EFV-based ART regimens. Status: In process (target date: September 2022). 36,145 HIV positive clients on DTG-based regimen (83% of all patients on ART). Issues or Barriers: Supply chain stability for key commodities threatened by persistent shortages and site-level stock outs. Vendor delivery schedules delayed by several months on several occasions in FY 2021. This was described as COVID-19 related. Risk mitigation is warranted.
3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups. Status: In process (target date: September 2023). 52% of all ART patients receiving >3 months' ARV supply at the end of FY 2021. Differentiated models of care (DMOC) standard operating procedures rolled out to all PEPFAR-supported sites. Issues or Barriers: Advocacy efforts for the institutionalization of multi-month dispensing (MMD) for 6 months or more and scale-up of MMD hindered by persistent shortages and site-level stock outs. By the end of FY 2021, MMD was limited or totally halted due to ARV shortages and stock-outs. Patients on ART are currently receiving 1-month supply of antiretrovirals. Providers make discretionary changes of ART regimens due to stock outs. Staff is overburdened due to patients' needs to return more often. Nine-month safety stock has been exhausted given delays in vendor delivery schedule.
4. All eligible PLHIV, including children and adolescents, should complete TB preventive treatment (TPT), and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. Status: In process (target date: September 2023). No progress reported in FY 2021. TPT completion rate at 10% by the end of FY 2021. Issues or Barriers: Since FY2020, the Dominican Republic has experienced stockouts of TPT medications, largely related to COVID-19. Supply chain strengthening and risk mitigation are needed.
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. Status: In process (target date: September 2023) Issues or Barriers: Viral load testing coverage impacted negatively by shortage of viral load reagents and other factors related to COVID-19. Systems strengthening to mitigate this risk is warranted.

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 should be offered testing for HIV. Status: In process (target date: September 2022). On-going implementation of index testing, ensuring consent procedures and confidentiality are protected. Issues or Barriers: It still needs to be optimized and scaled. Increased collaboration with OVC programs to reach more biological children of FC and added priority populations among FC is needed. HIV testing law requires modification to adopt HIV self-testing. Universal offer of index testing is standard of care in COP22.
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) Status: In-process (target date: September 2022) Issues or Barriers: PrEP limited by drug availability. PrEP coverage expansion planned for FY 2021 and FY 2022 hindered by persistent shortage of drugs. PrEP is highly demanded; main obstacle is drugs availability.
8.	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) facilitating linkage to treatment and 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 10-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV. Status: In process (target date: September 2022). Policy framework and MoH guidance in place. Issues or Barriers: Program outreach to new clients reduced by COVID-19 restrictions. Aim to refine and optimize the OVC program to improve identification of undiagnosed HIV cases among FC household members and to support those who are HIV positive to improve treatment adherence, continuity in care, and viral suppression through case management and provision of socio-economic support.
Policy & Public Health Systems Support	
9.	In support of the targets set forth in the Global AIDS strategy and the commitments expressed in the 2021 political declaration, OUs demonstrate evidence of progress toward advancement of equity, reduction of stigma and discrimination, and promotion of human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, and other vulnerable groups. Status: In progress (target date: September 2024). National norm and SOPS for community services, more frequented by FC, approved by MoH and under implementation. Issues or Barriers: Program focus is to advance equity for focus clients. Concerns in the Dominican Republic also about discrimination against LGBTQI+ related to new penal code.
10.	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. Status: Completed. Issues or Barriers: N/A.
11.	OUs assure program and site standards, including infection prevention & control interventions and site safety standards, are met by integrating effective Quality Assurance (QA) and Continuous Quality Improvement (CQI) practices into site and program management. QA/CQI is supported by IP work plans, Agency agreements, and national policy.

Status: In process (target date: September 2023). PEPFAR implementing partners with strong CQI practices. Issues or Barriers: Limited advance of CQI among non-PEPFAR supported sites. QA approach needs to be clarified and implemented to ensure each site meets minimum quality and infection control standards.
12. Evidence of treatment literacy and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other partner 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. Status: In process (target date: September 2023). Issues or Barriers: GoDR partially withdrew their support to FC-specific U=U campaigns.
13. Clear evidence of agency progress toward local partner direct funding, including increased funding to key populations-led and women-led organizations in support of Global AIDS Strategy targets related to community-, KP- and women-led responses. Status: In process (target date: September 2022). Issues or Barriers: Note that based on the PEPFAR DR current program commitments, focus client-led organizations should be the priority in DR for this requirement. 22% of funding allocated to local partners in FY 2021, below the 70% goal.
14. Evidence of partner government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended. Status: In process (target date: September 2022). The acquisition of HIV commodities is fully financed with funds from national sources. Issues or Barriers: Supply chain challenges reportedly related to COVID-19 had substantial detrimental impact on ART and MMD, PrEP, TB Preventive Treatment, and viral load suppression. Commodity acquisition and supply chain must be stabilized, and risks addressed as highest priority.
15. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity. Status: In process (target date: September 2022) Issues or Barriers: No progress reported in FY 2021.
16. Scale-up of case surveillance and unique identifiers for patients across all sites. Status: In process (target date: September 2022). All supported sites using patient registries. 98% of sites nationwide fully equipped for biometric coding. Issues or Barriers: Limited use of patient-level data for program design and implementation.

In addition to meeting the minimum requirements outlined above, it is expected that the Dominican Republic will consider all the following technical directives and priorities. A full list of COP/ROP 2022 Technical Priorities and Considerations are listed in COP guidance and can be referenced in Section 6.

Table 10. COP/ROP 2022 (FY 2023) Technical Directives

Dominican Republic –Specific Directives
HIV Clinical Services
1. Ensure case finding optimization among focus clients (FC) to reduce over testing and optimize rates of positivity across all partners: **Universal offer of safe and ethical index testing is required for all eligible clients.** Ensure index testing is implemented and scaled up with fidelity across partners in both FC and non-FC populations, and report on this standard quarterly. Prioritize a strategic mix of testing modalities that is targeted and provides better linkage to care, including self-testing, social network testing strategies such as EPOA, and greater use of community index testing (assessing risks for GBV and other factors).

2. Improve continuity of treatment for focus clients (FC) and increase the net number of FC across partners to put the country on track to reach treatment targets: enhance community programming and referrals for FC, improve utilization of electronic medical record (EMR) systems to track and trace FC, ensure quality and person-centered services, including multiple options for differentiated service delivery (DSD) models to reduce interruptions in treatment (IIT). Explore other strategies such as improved counseling at ART initiation, peer navigators/mentors for all newly initiated patients on ART, improved approaches to address stigma and discrimination, colorism, racism, etc.
3. Complete transition to TLD and increase the number and percentage of focus clients on multi-month dispensing, both MMD3+ and MMD6+.
4. Given the consistently high HIV positivity in facilities, assess impact of advanced HIV disease for newly diagnosed focus clients as well as focus clients already on ART. Ensure consistent and proper reporting, including for interruptions in treatment categories and TX_ML disaggregates.
5. Implement U=U messaging, and user-friendly U=U materials, including age-appropriate disclosure and people-centered psychosocial services for C/ALHIV of focus clients.
6. Improve viral load testing coverage (VLC) among all ages and sex groups among focus clients (FC) by creating demand for more testing, conducting diagnostic network optimization (DNO) to address issues around supply chain, all-inclusive pricing, and ensuring integrated diagnostics and multiple use of conventional and point of care (POC) platforms to support viral load testing, TB, and COVID-19 as needed. Support decentralized and community viral load sample collection and testing, particularly in the context of multi-month dispensing, both MMD3+ and MMD6+. Specifically consider the use of POC platforms for EID and VL testing among infants and children of FC, pregnant and breastfeeding women (PBFW) and non-suppressed focus clients. Improve turn-around time (TAT) and ensure utilization of high VL results for targeted patient interventions, review and flag charts of clients in need of VL, address quality gaps of laboratory services, and utilize the community-led monitoring baseline assessment results to address low demand from FC and other challenges with VL messaging.
HIV Prevention Services
7. Expand the OVC program to incorporate C/ALHIV of focus clients (FC) and HIV exposed infants (and their caregivers) among FC in clinical sites with existing PEPFAR support. Increase contribution to HIV continuum of care by increasing index testing for biological children of FC and tracking and supporting VLC/VLS to reach 100% of C/ALHIV and caregivers enrolled in the program; enhance focus on HIV and Violence Prevention to focus on adolescents within the OVC cohort including HIV risk assessments and referrals for testing; provide increased community/household wrap around services that address health, safety, stability and education to remove barriers to HIV prevention, HIV testing, care and treatment and connection to clinic and health services; explore move to bi-lateral mechanism and funding of LIP with focus on focus clients and assure culturally competent programming. Pediatric clinical and OVC programs must work closely to support the C/ALHIV of focus clients. Advocate for removal of policies that limit where children of FC <15 can access HTS and ART services and lower the age at which they can access services without parental consent from 15 years to 12 years of age. Stable C/ALHIV of focus clients who are >2 years of age should have access to MMD services for ARVs and TB Preventive Treatment (TPT).
8. In COP 2022, PrEP should continue to be scaled up with a focus on ensuring policy and programmatic access to PrEP for higher incidence populations. Populations prioritized for PrEP should be tailored to the OU's epidemic context with a focus on key populations (including sex workers, men who have sex with men, transgender people, people in prisons and other closed settings, people who inject drugs), adolescent girls and young women including pregnant and breastfeeding AGYW, and other identified higher-incidence populations.

Address gaps in PrEP implementation and uptake among focus clients (FC) and key populations (KP) and work with the GoDR to secure a stable and reliable PrEP stock. As the other critical population for PrEP expansion, FC should remain a focus for strengthened, person-centered PrEP services in COP22. This includes flexible hours to cater to optimal access, mobile services, further integration of PrEP with index testing, and other community services. Adopt a decentralized approach to delivering PrEP services to be more community-oriented and available in community-centered clinics. Explore other strategies such as PrEP Ambassadors and virtual platforms to reach clients. Given recent updates in WHO guidance, review the PrEP policy and guidance to align them with new WHO standards. These include reduced clinical monitoring requirements, further de-medicalization of PrEP services, and inclusive language to allow anyone requesting PrEP access to services. In line with this, promoting policy that provides PrEP access for other vulnerable populations should be considered.
9. Improve completion rate of TB Preventative Treatment (TPT) to achieve the goal of 85%. TPT dispensing and refill schedule should align with the client's ART refill schedule. Work with the GoDR to secure a stable and reliable stock of Isoniazid (INH) 300 mg. for 3HP and Rifapentine for 1HP.
Other Government Policy, Systems, or Programming Changes Needed
10. Report quarterly on activities related to mobile clients and those who migrate from/to Haiti or other countries or migrate within the DR. Collaborate as appropriate with PEPAR Haiti.
11. COP/ROP 22 plans should prioritize and take specific steps to address the structural barriers that impede scale up of FC-led and FC-competent differentiated HIV services, as well as the lack of robust data to guide FC programming. To strengthen strategic information to guide FC responses, plans may include efforts to strengthen individual level data systems and analyses and address gaps in subnational data. Addressing structural barriers should entail improving the enabling environment for HIV service delivery; mitigating harmful policy and social norms that fuel stigma, discrimination and violence faced by focus clients; strengthening the capacity of FC organizations; and strengthening the FC competency of HIV service providers. The PEPFAR/DR team should ensure they are coordinating strategically with relevant State and U.S. government units (e.g., DRL), partner government, multilateral, and other donor funding streams and institutions. As part of the new COP 22 minimum program requirements (MPR), PEPFAR teams will be expected to describe and present their approach to improving FC data and addressing barriers to accelerated FC-centered HIV services during COP 22 planning meetings.
12. Work in the interagency space to develop a GoDR engagement strategy for policy reform and implementation, prioritizing supply chain management support for multi-month dispensing (MMD) and viral load testing coverage (VLC), and including recommendations for Mission Front Office and S/GAC involvement. Continue to offer technical support to GoDR to address and eliminate supply chain issues.
13. Insufficient prioritization of HIV programming, including FC-focused health services, KP programming, and SCM challenges contribute to poor progress in reducing new HIV infections in the DR. Investment in evidence-based person-centered programming well-articulated in the COP guidance is strongly encouraged (e.g., community-based services such as satellite clinics in FC/KP community centers; community ART groups (CAGs); MMD for greater continuity of care; U=U; PrEP scale-up; self-testing, test and start (in the community and facility), and decentralization of HIV services to be more community-oriented). Engage with the GoDR and other funders and stakeholders to define roles and responsibilities of organizations, including multilateral partners, and their contributions to KP programming. Specifically, work with the GoDR and multilateral partners to map out country-wide actors,

	priorities, investments, and define roles in concerted support effort. Maintain focus on the business case for FC/KP prioritization by GoDR. Identify catalytic opportunities to strengthen health systems to contribute to national epidemic control and build political will in the GoDR.
14.	Work towards the simplification and rationalization of multiple parallel information systems that collect data on the provision of HIV/AIDS services and strengthen data available to inform program design and implementation. Continue to strengthen the national HIV information system for patient medication and case monitoring.
15.	For COP20/FY 2021 benchmarks for above-site investments that were not achieved or completed, review the activities to ensure that they are still addressing gaps or barriers towards sustainability, if so, accelerate progress towards their completion, particularly the ones that reported delays. Ensure that adaptations moving toward sustainability are incorporated into COP22 planning.
16.	Accelerate the transition to fund local partners and achieve the goal of 70%. Increase coordination with FC-led organizations and FC-competent partners to increase outreach and access to services and address the needs of focus clients living with HIV.
17.	Accelerate implementation of community-led monitoring which includes FC in monitoring FC services.
18.	Support update of the Military 2012 HIV Policy.

COP/ROP 2022 Active Engagement with Community and Civil Society (see section 2.5.3 of COP Guidance)

The full participation of community stakeholders and civil society in every stage of PEPFAR programming, planning, and monitoring, as appropriate and consistent with applicable law, regulations, and policy, from advocacy to service delivery, is critical to the success and sustainability of PEPFAR and the global effort to combat HIV. 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 partner country government.

Civil society organizations are essential and to be invited to participate in the virtual COP22 strategic retreats, planning meetings, as well as approval meetings. In particular, engagement with local CSOs at the country-level is required and should begin early and continue during the entirety of the COP planning, monitoring, and implementation process.

This engagement of civil society, including faith-based organizations/faith communities, specifically includes the sharing of FY 2021 Q4 and FY 2021 Annual Program Results (APR), analyses, and the convening of an in-country planning retreat with local stakeholders, no later than the week of February 7, 2022, to introduce and discuss all COP/ROP 2022 tools, guidance, results, and targets as well as the proposed trajectory and strategy for COP/ROP 2022. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund, with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In March 2022, PEPFAR will convene virtual meetings where outstanding decisions will be discussed and finalized. In addition to partner country representatives, the meetings will also include representatives from local and international civil society and community organizations, faith-based organizations/faith communities, private sector, and multilateral partners. Specific guidance for the 2022 virtual meeting delegations will be provided separately.

Engagement with all stakeholders is required beyond the meetings and throughout COP/ROP 2022 development, finalization, and implementation. As in COP/ROP 2021, the draft Strategic Direction Summary (SDS) is required to be shared with both CSO and FBO stakeholders for their input and comments at least 7 days prior to submission to S/GAC. Please refer to the COP/ROP 2022 Guidance for a full list of requirements and engagement timelines. In addition, a more detailed timeline for sharing key data visualizations and other information with stakeholders is forthcoming.

Community-led Monitoring (CLM)
In addition to prescribed and routine engagement during PEPFAR's annual business cycle, including around COP/ROP planning and quarterly POART processes, all PEPFAR programs are required to develop, support, and fund community-led monitoring (CLM) in close collaboration with independent, local civil society organizations and host country governments. Community-led monitoring in COP22 should build on prior activities in COP21 and be designed to help PEPFAR programs and health institutions pinpoint persistent problems, challenges, barriers, and enablers to effective client outcomes at the site level. In addition to being data-driven and action-oriented, CLM should continue to ensure indicators are defined by communities and health service users, and data should be additive and not a duplicate collection of routine data already available to PEPFAR through MER or SIMS. New in COP22, PEPFAR-supported community-led monitoring programs must include an explicit focus on key and priority populations—for PEPFAR DR, this means focus clients including those who are members of key populations. CLM should be utilized to advance equity and to support improvement in programs, especially for populations who have not yet fully experienced the benefits of HIV epidemic control. For example, OUs with pediatric care and treatment programs should consider utilizing CLM to track and ensure accountability for child, adolescent, and family-centered care.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment: Each OU's COP/ROP 2022 minimum requirement for the care and treatment earmark is reflected in Table 2. If there is no adjustment to the COP/ROP 2022 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment earmark amount across new FY 2022 GHP-State and GHP-USAID funding. The Care and Treatment earmark will be calculated as the sum of the following:

- 100% Care and Treatment (C&T) Program Areas
- 50% Testing (HTS) Program Areas
- 100% Above Site Program: Laboratory System Strengthening
- 70% Pregnant and Breastfeeding Women Beneficiary Group
- Proportional % Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the C&T earmark)

Orphans and Vulnerable Children (OVC): Each OU's COP/ROP 2022 minimum requirement for the OVC earmark is reflected in Table 2. Countries must program to the full OVC earmark amount across new FY 2022 GHP-State and GHP-USAID funding. The OVC earmark will be calculated as the sum of the following:

- 85% (DREAMS initiative funding — commodities planned under DREAMS initiative — Any HTS interventions planned under DREAMS initiative — Any C&T intervention planned under DREAMS initiative)

- 100% (OVC Beneficiary group funding — commodities planned under any intervention with OVC beneficiaries — Any HTS planned under interventions with OVC beneficiaries
- Proportional Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the OVC earmark)

Abstinence, Be Faithful/Youth (AB/Y) Reporting Requirement: If AB/Y-programmed activities do not reach a 50 percent threshold of all sexual prevention funding, as calculated by the formula below, in any country with a generalized epidemic, S/GAC is required to report to the appropriate Congressional committees on the justification for the decision. Generalized epidemic countries which do not meet the 50 percent threshold must provide a brief written justification in FACTS Info, explaining the rationale for prevention programming decisions given the epidemiologic context, contributions of other donors, and other relevant factors.

Abstinence, Be Faithful/Youth (AB/Y) programming, formerly captured in the HVAB budget code, will now be captured by using a combination of prevention program areas and beneficiaries, which are identified in the formula below. The numerator captures those interventions that are Abstinence, Be Faithful/Youth (AB/Y) programming, and the denominator approximates all sexual prevention activities. The proportion of Abstinence, Be Faithful/Youth (AB/Y) programming as a proportion of all sexual prevention activities is calculated by dividing the numerator by the denominator:

Numerator

Prevention: primary prevention of HIV and sexual violence

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, and boys)

+

Prevention: community mobilization, behavior, and norms change

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, boys, adults, not disaggregated)

Denominator

Prevention: primary prevention of HIV and sexual violence (all populations)

+

Prevention: community mobilization, behavior, and norms change (all populations)

+

50 % Prevention: Not disaggregated (all populations)

Gender Based Violence (GBV): Each OU's COP/ROP 2021 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY 2022** funding programmed to the GBV cross-cutting code. Your COP/ROP 2022 earmark is derived by using the final COP/ROP 2021 GBV earmark allocation as a baseline. The COP/ROP 2022 planned level of new FY 2022 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Each OU's COP/ROP 2021 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY 2022 funding** programmed to the water cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2021 water earmark allocation as a baseline. The COP/ROP 2022 planned level of new FY 2022 funds for water can be above this amount; however, it cannot fall below it.

Initiative Controls: Table 3 shows initiative controls where S/GAC has directed funding for a set of activities that cannot be accounted for through program areas and/or beneficiaries alone. These controls can be exceeded without a control change, but a control change would be required before a lower level for these activities can be planned.

The four initiative controls below (**Cervical Cancer**, **DREAMS**, **OVC (non-DREAMS)**, and **VMMC**) have been assigned to the appropriate OUs. For OUs where these controls are designated in the PLL, the amounts reflect the minimum required. These initiative controls can be exceeded without a control change, but a control change request would be required before a lower level for these activities can be planned.

Cervical Cancer - This initiative provides funding for all activities related to cervical cancer screening and diagnosis and treatment of precancerous cervical lesions for women living with HIV as outlined in the COP Guidance.

DREAMS - The DREAMS initiative should capture all funding specifically allocated as DREAMS in the OU's planning level and must be used for the goal of HIV and sexual violence prevention among adolescent girls and young women (AGYW) ages 10-24 years (unless otherwise approved) in approved DREAMS SNUs in accordance with the DREAMS and COP Guidance. The DREAMS initiative can also include prevention interventions in DREAMS geographic areas for girls and boys aged 10-14 which may be cost shared with the OVC (non-DREAMS) initiative as noted in the COP guidance.
OVC (non-DREAMS) - OVC (non-DREAMS) is a new initiative in COP/ROP 2022. OUs should use the initiative to budget for OVC (non-DREAMS) programming, including all OVC comprehensive activities as outlined in the COP Guidance. The OVC (non-DREAMS) initiative should include ASP, SE, and PREV costs (except PrEP. and VMMC) linked to any OVC beneficiary (including sub-beneficiaries such as OVC caregivers). As the initiative is new for COP/ROP 2022, OUs should pay particular attention to funds programmed under OVC (non-DREAMS) to ensure that the current cohort of children enrolled in the comprehensive program receive continuity of care for FY 2023. The OVC (non-DREAMS) initiative can also include prevention interventions for girls and boys aged 10-14 which may be cost-shared with the DREAMS initiative as noted in the COP guidance. The OVC (non-DREAMS) initiative cannot be met with any HTS, C&T, PM, or commodities costs.

VMMC - All services and equipment related to providing surgical and ShangRing VMMC for boys/men ages 15 and above, and ShangRing circumcision only for boys aged 13 and 14 years, should be budgeted using the VMMC initiative.

While the CLM initiative does not appear in PLL budget tables, as CLM remains a requirement in COP/ROP 2022 for all OUs, each OU is responsible for programming a portion of funds under the **Community-Led Monitoring** initiative.

Community-Led Monitoring - During COP/ROP 2020, PEPFAR invested in expansion of community-led monitoring, making it a requirement of all OUs, as a critical way to listen to community voices in assessment of program quality and design of person-centered services. Community-led monitoring remains a requirement in FY 2023.

In addition to the five initiatives above, S/GAC may also allocate funding to OUs under two additional initiative controls: **Condoms (GHP-USAID Central Funding)** and **One-Time Conditional Funding**. If the OU was designated to receive funding under either one or both these initiatives in COP/ROP 2022, Table 3 will reflect these amounts. Unless otherwise noted, country teams should meet these funding controls when programming in their FAST.

Condoms (GHP-USAID Central Funding) - This initiative control denotes the amount of GHP-USAID central funding the country team may use to procure male and female condoms, lubricants, and to ship these commodities to the OU. Any additional condoms and lubricants to be procured with PEPFAR funding should be budgeted in the FAST with bilateral funding.

USAID Southern Africa Regional Platform - This initiative is for the country's share of the costs to operate the USAID Southern Africa Regional Platform, which provides administrative and technical support for Angola, Botswana, Eswatini, Lesotho, and Namibia. These funds were previously planned as part of the bilateral COP funding, but are now budgeted and notified centrally, with country amounts included as central funding in the overall COP levels for Angola, Botswana, Eswatini, Lesotho, and Namibia. Only these 5 countries may use this initiative, and this initiative can only be used with central funding specifically provided as part of the PLL controls.

One-Time Conditional Funding - The release of any funding made available under this initiative is contingent upon the OU's ability to meet all requirements outlined in their final COP/ROP approval memo. OUs that fail to meet these minimum standards may be ineligible to receive these funds for programmatic implementation in FY 2023.

No control is set in the PLL for the **HBCU Tx** and **Surveillance and Public Health Response** initiatives, but OUs may include relevant funds under these initiatives instead of Core Program as appropriate.

All funding not attributed to one of the nine COP/ROP 2022 initiatives above should be attributed to the **Core Program** initiative.

For additional details on initiatives, see the PEPFAR Financial Classifications Reference Guide.

Programmatic Controls: Table 4 shows programmatic controls where S/GAC has directed funding for certain programmatic activities. These controls can be exceeded without a control change, but a control change would be required before a lower level for these activities can be planned. Since every dollar programmed in COP must belong to one initiative, programmatic controls will be a subset of one or more initiative controls, even if the standard Core Program initiative.

PrEP (AGYW) – The PrEP (AGYW) programmatic control tracks all funding budgeted under the Prevention – PrEP program area and sub-program area for the Females – Adolescent Girls and Young Women sub-beneficiary. The control encompasses both service delivery (SD) and non-service delivery (NSD) activities, inclusive of any commodities costs. OUs should tailor the distribution of funds to SD and NSD based on the country context prioritizing the provision of PrEP services and increasing the number of AGYW on PrEP wherever possible. Countries with a PrEP (AGYW) control should expect to program no more than 10 to 30 percent of their control as non-service delivery.

PrEP (KPs) – The PrEP (KPs) programmatic control tracks all funding budgeted under the Prevention – PrEP program area and sub-program area for all sub-beneficiaries under the KP beneficiary. The control encompasses both service delivery (SD) and non-service delivery (NSD) activities, inclusive of any commodities costs. OUs should tailor the distribution of funds to SD and NSD based on the country context prioritizing the provision of PrEP services and increasing the number of KPs and focus clients on PrEP wherever possible. Countries with a PrEP (KPs) control should expect to program no more than 10 to 30 percent of their control as non-service delivery.

State ICASS: Table 5 shows the amount that the OU must program under State for ICASS Costs.

Funds Programmed under State/SGAC (S/GAC TBDs)

No funding may be programmed under State/SGAC without prior approval from S/GAC M&B. In general State/SGAC TBDs are only used in extraordinary and or unusual circumstances. To the degree that funding is approved, the rationale and any conditions attached to the funding will be documented by M&B. Any S/GAC TBDs approved during COP/ROP 2022 planning will require supplemental language in the OU's COP/ROP 2022 approval memo, clearly outlining the process for how these funds can be accessed. Any funds that have not been distributed to agencies before the end of FY 2023 may be subject to reprogramming in future planning cycles towards the same OU or another OU.

COP/ROP 2022 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)
Whenever possible, all agencies within an OU should hold several months of pipeline at the end of COP/ROP 2022 implementation to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. If an agency/OU combination has a history of over-outlays, or in cases where an agency/OU COP envelope has increased in recent years, there may not be sufficient funding to maintain this buffer. With the exception of Dominican Republic, Ethiopia, Haiti, South Sudan, Zimbabwe, Asia Regional Program, and Western Hemisphere Regional Program, which should hold up to four months of pipeline, all other OUs are permitted to hold no more than three months of buffer pipeline.

Any agency that anticipates ending COP/ROP 2021 implementation (end of FY 2022) with a pipeline in excess of three or four months is required to apply this excessive pipeline to COP/ROP 2022, decreasing the new funding amount to stay within the planning level.

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. In COP19 Guidance, PEPFAR set a goal that 40% of partners must be local by the end of FY19, and 70% by the end of FY20.While considerable progress was made in this effort, the 70% mark was not achieved by all agencies in all OUs, and thus in FY22 and FY23, teams must continue to prioritize this so that the 70% goal can be realized. 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 FY23 as appropriate through their COP/ROP 2022 submission.