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April 28th, 2022

MEMO FOR ROBERT THOMAS, CHARGÉ D’AFFAIRS, DOMINICAN REPUBLIC

FROM: S/GAC – William S. Paul, S/GAC Chair
S/GAC – Tiana Jaramillo, PEPFAR Program Manager

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Dominican Republic Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Dominican Republic (DR) Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR DR, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR DR Country Operational Plan (COP) 2022 with a total approved budget of \$25,000,000, 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:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2023 Implementation
TOTAL	21,690,155	3,309,845	25,000,000
Bilateral	21,690,155	3,309,845	25,000,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$25,000,000 without additional written approval. Any prior year funds that are not included within this COP 2022 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 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 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 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

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Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

ARPA/ESF Funds

All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 16-18, 2022 planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for COP 2022 are approved to support the Dominican Republic's vision to achieve epidemic control, targeting efforts to advance equity among the priority population (PP; formerly known as focus clients: Haitian migrants and individuals of Haitian descent residing in the DR), and support and advance an enduring and resilient country health system, community, and enabling environment, by addressing outstanding supply chain management gaps and reducing policy barriers to antiretroviral treatment (ART) initiation, continuity, treatment optimization, adherence, viral load suppression, and prevention. PEPFAR DR will also intensify efforts to inform and enable, through traditional methods and community-led monitoring (CLM), the country program to better meet the needs of the priority population, corresponding subpopulations (men, TB patients, older adults, and key populations), and their children.

Furthermore, funding and targets for COP 2022 will support PEPFAR DR's vision in partnership with the Government and the people of the Dominican Republic to reach epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), ensuring that at least 95% of newly diagnosed PLHIV are rapidly linked to treatment, and all PLHIV are supported for continuous treatment and remain virally suppressed. In COP 2022, PEPFAR DR will continue to work towards epidemic control across all ages and sexes in the same ten highest burdened geographic areas. The goal is to maintain countrywide 48,970 PLHIV on life-saving treatment by the end of FY 2023 and to enroll 5,576 new clients, while ensuring viral load suppression in 44,943 clients in FY 2023.

The PEPFAR DR strategy for programming to be implemented in FY 2023 will continue to focus on optimizing case finding, improving linkage to and continuity of treatment, and improving viral suppression rates. Key interventions include but are not limited to: 1) targeted community-focused case finding, via optimized HIV diagnostic network services, diversified and adapted testing modalities, expansion of modalities already successful among the priority population, and innovative associations with grass-roots and faith-based organizations and local

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leaders; 2) expansion of activities implemented in COP 2021/FY 2022 to reduce interruption in treatment, ensuring flexibility to adapt the service delivery model based on the evolving migrant situation; 3) accelerated implementation of minimum program requirements, including complete transition to optimized treatment regimens (TLD) and transition of all eligible clients to multi-month dispensing (MMD), while ensuring adherence to treatment and rapid initiation of ART in alignment with WHO policy and the GoDR's MoH guidelines; 4) improved availability of HIV commodities to expand access to and coverage of MMD, viral load testing, Tuberculosis Preventive Therapy (TPT), and Pre-Exposure Prophylaxis (PrEP); 5) laboratory strengthening, including expansion of sample collection schedules, improvement of sample transportation, reduction of laboratory turnaround times, and improved clinical management of viral load results; 6) community-led monitoring enhanced by greater collaboration and more regular engagement with key stakeholders, including but not limited to local partners, PP-led organizations, PP-competent partners, and multilateral organizations; 7) improved OVC case management in collaboration with clinics and civil society organizations, to ensure that 90% of eligible priority population ART clients (adult caregivers, PMTCT and pediatric clients) in PEPFAR supported SNUs are offered enrollment in SNUs where OVC programming is available. Enrolled OVC program beneficiaries and their families receive child-centered, family-based comprehensive case management services that address the health, education, socioeconomic, and safety needs among the affected households to strengthen adherence to treatment (>90% VLS) and prevent new HIV infection; 8) enhanced tailored interventions to reduce gender-based violence among the priority population, societal stigma linked to PP, and stigma and discrimination among health service staff and entities that interact with the priority population and key populations on a regular basis, including the uniformed services and military facilities; 9) focusing efforts on innovative strategies for prevention services, including PrEP for priority and key populations; 10) strengthened collaboration with CONAVIHSIDA, DIGECITSS, and SNS to articulate and implement a vision for the next five years that reduces heightened gaps across the clinical cascade among the priority population and key populations, in line with the 95-95-95 commitments made by the Dominican Republic in the UN Political declaration, and facilitates ownership and sustainability; and, 11) intensive partner management.

During COP22, PEPFAR DR will continue to prioritize strong working relationships with the Ministry of Health (MoH) to implement a supportive policy environment for HIV services through a well-coordinated and unbiased technical assistance approach to the Government of Dominican Republic (GoDR) that relies on high levels of collaboration and cooperation between PEPFAR, the GoDR, Global Fund (GF), PAHO, UNAIDS, and civil society organizations. Under the leadership of the GoDR, a donor coordination forum will be established to further optimize HIV investments and address areas where the GoDR has fallen short moving towards the global goal of 95-95-95. New to COP22 is PEPFAR DR and GF's work to map activities, financial and human resources, and investments and ensure implementation vis-à-vis geographic distribution and the priorities of the National HIV response, reducing geographic overlap and contributing to greater alignment, complementarity, and efficiencies in the use of existing resources. PEPFAR DR will also work with the GoDR to improve TB/HIV screening, diagnostic integration, prevention, and treatment outcomes, and management of advanced HIV disease for both newly diagnosed and already on ART people. PEPFAR DR will also support a national supply chain assessment in close collaboration with all stakeholders to better understand the

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procurement needs and improve forecasting for HIV commodities, including PrEP for sero-different couples and pregnant and breastfeeding women and TPT for improved completion rates. PEPFAR DR will accelerate the transition of the OVC program to a local implementing partner and facilitate the provision of integrated service in a sustainable, people-centered, and equitable manner. Furthermore, PEPFAR DR will collaborate as needed with PEPFAR Haiti to assess and close the gaps along the HIV continuum of care for individuals needing support for ART, aiming for seamless, continuous, client-centered services for those that seek HIV care and treatment after crossing the international border.

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Funding Summary

All COP 2022 funding summarized in the charts 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 PEPFAR systems.

	Total	of which, Bilateral New Funding							Applied Pipeline
		FY 2022			GAP	FY 2021		FY 2020	
		Total	GHP-State	GHP-USAID		GHP-State	GHP-State		
TOTAL	25,000,000	21,690,155	21,302,655	-	387,500	-	-	3,309,845	
DOD Total	343,244	220,820	220,820	-	-	-	-	122,424	
DOD	343,244	220,820	220,820	-	-	-	-	122,424	
HHS Total	11,270,176	8,082,755	7,695,255	-	387,500	-	-	3,187,421	
HHS/CDC	11,270,176	8,082,755	7,695,255	-	387,500	-	-	3,187,421	
USAID Total	13,386,580	13,386,580	13,386,580	-	-	-	-	-	
USAID, non-WCF	13,386,580	13,386,580	13,386,580	-	-	-	-	-	

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

	Total	of which, Central New Funding							Applied Pipeline
		FY 2022			GAP	FY 2021		FY 2020	
		Total	GHP-State	GHP-USAID		GHP-State	GHP-State		
TOTAL									
DOD Total									
DOD									
HHS Total									
HHS/CDC									
USAID Total									
USAID, non-WCF									

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

GHP-State Funds: Upon the clearance of a FY 2022 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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlaid without written approval from S/GAC.

Earmarks: The Dominican Republic has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State 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 DR. Upon approval of this memo, the amounts below will become the new earmark controls for the DR/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	12,532,352	12,532,352	-	-
Orphans and Vulnerable Children	3,903,300	3,903,300	-	-
Preventing and Responding to Gender-based Violence	400,000	400,000	-	-
Water	-	-	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

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

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AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	147,315	147,315	-	-	-
Of which, AB/Y	-	-	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	0.0%	N/A	N/A	N/A	N/A

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

AB/Y Earmark Budget Justification

The AB/Y requirement is not applicable as the DR does not have a generalized epidemic.

Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	21,690,155	3,309,845	-	-	25,000,000
<i>of which, Community-Led Monitoring</i>	132,500	-	-	-	132,500
<i>of which, Core Program</i>	18,545,555	3,309,845	-	-	21,855,400
<i>of which, OVC (Non-DREAMS)</i>	3,012,100	-	-	-	3,012,100
DOD Total	220,820	122,424	-	-	343,244
<i>of which, Core Program</i>	220,820	122,424	-	-	343,244
HHS Total	8,082,755	3,187,421	-	-	11,270,176
<i>of which, Community-Led Monitoring</i>	62,500	-	-	-	62,500
<i>of which, Core Program</i>	8,020,255	3,187,421	-	-	11,207,676
USAID Total	13,386,580	-	-	-	13,386,580
<i>of which, Community-Led Monitoring</i>	70,000	-	-	-	70,000
<i>of which, Core Program</i>	10,304,480	-	-	-	10,304,480
<i>of which, OVC (Non-DREAMS)</i>	3,012,100	-	-	-	3,012,100

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FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

	Dominican Republic	SNU Prioritizations	
		Scale-up: Aggressive	Total
	<15	-	-
TX_NEW	15+	5,576	5,576
	Total	5,576	5,576
	<15	233	233
TX_CURR	15+	48,737	48,737
	Total	48,970	48,970
	<15	231	231
TX_PVLS	15+	44,712	44,712
	Total	44,943	44,943
	<15	-	-
HTS_TST	15+	86,173	86,173
	Total	86,173	86,173
	<15	-	-
HTS_TST_POS	15+	5,783	5,783
	Total	5,783	5,783
HTS_RECENT	Total	5,783	5,783
	<15	-	-
HTS_INDEX	15+	6,964	6,964
	Total	6,964	6,964
	<15	74	74
TB_PREV	15+	21,547	21,547
	Total	21,621	21,621
	<15	177	177
TX_TB	15+	47,784	47,784
	Total	47,961	47,961
PrEP_NEW	Total	754	754
PrEP_CT	Total	1,404	1,404
	<15	98	98
PP_PREV	15+	55,138	55,138
	Total	55,236	55,236
	<18	6,783	6,783
OVC_SERV	18+	6,130	6,130
	Total	12,913	12,913
OVC_HIVSTAT	Total	6,783	6,783
GEND_GBV	Total	1,683	1,683

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

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Partner Management and Stakeholder Engagement:

Agreements made during COP 2022 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 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, 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 percent and 100 percent 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 percent 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 percent of their target at Q2 performance review should be initiated. 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 percent. If the issue is retention it should be net new on treatment equal to 90 percent 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 2022 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 DR's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

COP21-COP22 Budget Shifts by Funding Agency and Program Area

COP 21 Budget by Funding Agency and Program Area																	
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	M & O	M&O as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	26,340,000	100%	2,601,673	10%	8,083,851	31%	2,868,317	11%	-	0%	7,369,042	28%	1,286,718	5%	4,130,399	16%	0%
DOD	343,244	1%	156,000	45%	-	0%	-	0%	-	0%	187,244	55%	-	0%	-	0%	0%
HHS	11,895,176	45%	1,474,458	12%	3,797,756	32%	1,874,378	16%	-	0%	3,350,031	28%	1,005,318	8%	393,235	3%	0%
USAID	14,101,580	54%	971,215	7%	4,286,095	30%	993,939	7%	-	0%	3,831,767	27%	281,400	2%	3,737,164	27%	0%

COP 22 Budget by Funding Agency and Program Area																	
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	M & O	M&O as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	25,000,000	100%	971,433	4%	10,056,791	40%	1,585,338	6%	-	0%	7,599,451	30%	1,281,238	5%	3,505,749	14%	0%
DOD	343,244	1%	159,244	46%	-	0%	-	0%	-	0%	184,000	54%	-	0%	-	0%	0%
HHS	11,270,176	45%	417,189	4%	5,734,150	51%	810,858	7%	-	0%	3,327,532	30%	686,418	6%	294,029	3%	0%
USAID	13,386,580	54%	395,000	3%	4,322,641	32%	74,480	6%	-	0%	4,087,919	31%	594,820	4%	3,211,720	24%	0%

COP 21-22 Budget Shifts by Funding Agency and Program Area																	
Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in C&T	% Change in C&T	Change in HTS	% Change in HTS	Change in M&O	% Change in M&O	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE	Change in Not Specified	% Change in Not Specified
Total	(1,340,000)	(1,630,240)	-63%	1,972,940	24%	(1,282,979)	-45%	230,409	3%	(5,480)	0%	(624,650)	-15%	-	-	-	-
DOD	-	3,244	2%	-	-	(3,244)	-2%	-	-	-	-	-	-	-	-	-	-
HHS	(625,000)	(1,037,269)	-72%	1,936,394	51%	(1,063,520)	-57%	(22,499)	-1%	(318,900)	-32%	(99,206)	-25%	-	-	-	-
USAID	(715,000)	(576,215)	-59%	36,546	1%	(219,459)	-22%	256,152	7%	313,420	111%	(525,444)	-14%	-	-	-	-