

Haiti

Country Operational Plan (COP) 2023 Strategic Direction Summary

May 3, 2023



PEPFAR
20 YEARS OF IMPACT

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DRAFT

Vision, Goal Statement and Executive Summary of PEPFAR's investments and activities in support of the COP plan

Vision and Goal statement: *Reduce new infections, close equity gaps in prevention, care, and treatment, and build resilient health systems for sustained epidemic control through country-led, innovative, and impactful partnerships.*

Our PEPFAR's COP23 vision is drawn from the overarching direction of the Ministry of Public Health and Population (MSPP) which is to significantly reduce the risks and vulnerabilities to HIV infection, improve the quality of life of those infected and affected by HIV and AIDS, and achieve epidemic control through an integrated, participatory, multi-sectoral response. COP23 represents the mutually shared commitment, strategies, and approaches to the HIV response by the Government of Haiti (GoH), PEPFAR, civil society organizations (CSOs, including PLHIV associations), and international development partners. Framed under the theme "One country, one COP, under one Chief of Mission" and PEPFAR's new 5x3 Strategy, COP23 heralds new modus operandi. COP23 represents a strategic shift, focusing on empowering MSPP, at the national and sub-national levels, to own and provide leadership to the HIV response in the country.

Over the last several months, in-country stakeholders participated in 5x3 strategy-primed sessions to reflect on the country context, status of the epidemic, gaps in the prevention and treatment cascades for specific populations, and health systems strengthening-related investments. COP23 overlaps with the Global Fund to Fight HIV, TB, and Malaria (GF) new grant for the period 2024-2026. Through in-country dialogues, we made efforts to optimize resource streams and synergies across the proposed interventions. Our strategic direction summary (SDS) represents intentional efforts to support fit-for-purpose, context-sensitive, adaptable approaches and activities that will take the country to 95*95*95 by 2025. We will pursue dedicated, data-driven program transformations and innovations to end HIV as a public health threat by 2030. Given the highly unpredictable operating context, the Strategic Direction Summary (SDS) embeds flexibility in the implementation of COP23. Specific trigger points, identified through routine and periodic data reviews, will shape strategic course-corrections, choices, and actions.

The number of new HIV infections have not declined significantly over the last several years (>4,000 new infections annually; UNAIDS, 2022). Subpopulation analysis shows significant gaps across the treatment cascade for pediatrics and children (0-14 years), adolescent girls (15-24 years), key populations, and young male and female adults (15-39 years). The prevention cascade shows gaps in the uptake of index and self-testing services. There are significant program and policy related gaps in the uptake of Pre-Exposure Prophylaxis (PrEP) for the most-at-risk populations. Health-related human rights are not universally enjoyed. Stigma and discrimination

affect clients' choices on where and whether to access prevention, care, and treatment services. There exist constraining last mile hurdles in supply chain and laboratory systems.

We can only achieve elimination of the HIV/AIDS pandemic as a public health threat by 2030 if the above-stated strategic gaps are addressed in COP23. The existing gaps in children manifest, first and foremost, through the sub-optimal treatment and viral suppression among pregnant and breastfeeding women. In COP23, PEPFAR Haiti will support MSPP to provide appropriate prevention, care, and treatment services in the predominantly non-PEPFAR and non-GF-supported sites which account for over 30% of pregnant and breastfeeding women. Most women in these areas present at the health facilities after 28 weeks. They also do not deliver in health facilities, mainly at home or other traditional settings. PEPFAR Haiti will work closely with MSPP, CSOs, and faith-based/traditional structures at community level to raise awareness, build referral capacity, train community cadres, and ensure that pregnant and breastfeeding women and their children access services. The transition to DTG-10 is complete. We collectively will pursue routine monitoring, including continuous quality improvement/continuous quality assurance (CQI/CQA) efforts to ensure that all eligible children are put on DTG on time. In addition, facility staff will work closely with children and their caregivers to ensure multi-month dispensing (MMD) needs are satisfied. With PEPFAR support, MSPP will take a family-centered approach to providing care and treatment services for children, leveraging on the Orphans and Vulnerable Children (OVC), Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) and faith-based initiatives. We will also leverage on the HMIS capabilities to facilitate cohort monitoring and reporting of outcomes to guide the design of appropriate interventions.

Drawing on the MSPP program guiding frameworks, PEPFAR's 5x3 strategy, and in-country conversations, we seek to reduce the new infections among the most-at-risk populations in COP23, notably adolescent girls and young women (AGYW). Leveraging on partnerships with UNAIDS and CSOs, PEPFAR Haiti will engage different entities and levels of GoH to initiate dialogue on age of consent and eligibility for sexual and reproductive health services, including PrEP, HIV testing services (HTS), post exposure prophylaxis (PEP), family planning (FP), among others) for adolescent girls. PEPFAR Haiti will also support the roll out of the new WHO guidance on simplified and differentiated delivery of PrEP. PEPFAR Haiti will also support the roll out of long-acting PrEP for at-risk populations. In the same vein, PEPFAR Haiti will facilitate the training and development of a PrEP and KP-competent cadre across all supported sites, complemented by relevant mentoring and on-site supportive supervision. These efforts should enhance the uptake of PrEP, including the continuous use of PrEP for most-at-risk populations.

Key populations (KP) remain an important group in the fight against HIV and AIDS in Haiti. Through GF support, Haiti will conduct an IBBS in CY2023, conditions permitting. Given the timing of the IBBS, KP stakeholders in the country will reconvene at an appropriate time to rethink the program and tailor services to the emerging needs and gaps. PEPFAR Haiti will continue to expand MMD and community drug distribution (CDD) for KPs in the currently existing locations.

Additionally, we will use the Haiti Transgender situational analysis and upcoming Hotspot mapping to close existing gaps and tailor services for KPs. Community led monitoring (CLM) will also inform these adaptations.

Sexual and gender-based violence (SGBV) remains a major threat to combating HIV and AIDS in Haiti. Emerging data shows that AGYW are most at risk of experiencing SGBV, coupled with limited access to post GBV care within 72 hours. Their exposure to SGBV has been dramatically increasing during COP22, due to gang violence, more in the Quest department. PEPFAR Haiti seeks to close the facility-community divide by building on existing Family Planning (FP) and maternal and child health (MNCH) platforms to enhance access to appropriate post-violence services. PEPFAR Haiti will expand the access and use of the already existing satisfaction application, which includes functionalities that give communities a sense of where the nearest post-violence services are available. PEPFAR Haiti will train index testing, PrEP, care, and treatment, OVC case managers, and DREAMS staff at the facility and community levels to offer first-line support using the LIVES approach, including referrals to appropriate services.

PEPFAR Haiti has adopted the differentiated geography-based implementation of DREAMS, DREAMS NextGen. The program will offer customized packages for geographies where implementation of the full package is constrained by the existential barriers to service delivery. In addition, tailored training and mentorship on structural barriers and norms change will be offered to service providers such as teachers, nurses, other government staff, and community cadres (faith and non-faith-based) in additional communes within the four sub-national units. In communes where it is not feasible to regularly meet in person a mix of virtual and group-based options will be used to deliver curricula. These efforts build on current programming and should expand coverage of prevention activities including structural, and norms change in the targeted SNU. The program will develop appropriate tools to assess progress, gaps, and challenges with the new approach. The DREAMS initiative will incorporate relevant youth-friendly digital platforms to reach out, offer training and related services, and communicate with AGYW. Further, the program will tap into existing cadres (DREAMS champions) to deliver services. The program will guarantee decent work (commensurate remuneration packages, including reimbursement of transportation costs for work done in the community) to all community cadres, including ASCPs, peer educators, and other community health workers. PEPFAR will partner with GoH, UNAIDS, other development partners, and community-based organizations to enhance the DREAMS program. The program will focus on reducing any potential risk that might be associated with AGYW's participation in the program in line with the "do not harm" principle and tackling the increase in sexual violence AGYW are facing and via innovative approaches, for example, the involvement of young ambassadors/young leaders. The AGYW-primed market assessment is on hold. COP23 may present an opportunity to conduct the assessment and guide appropriate interventions that build the socio-economic independence and resilience of AGYW, which has been identified as a key priority by partners for the DREAMS program.

Index and self-testing services offer opportunities for reaching the hard-to-reach, high risk populations. Epidemiologic data shows testing gaps within specific niche populations, especially adolescent girls, and young adults. Existential gaps are also present in HIV-exposed infants (0 to 24 months). Two-month early infant diagnosis (EID) coverage in Haiti for FY22 was 65%, far short of the 95% target. Of the HIV positive infants identified in FY22, 65% were found after 2 months of age. Only 82% of infants tested by 12 months were linked to ART. Late diagnosis and treatment initiation are associated with increased morbidity and mortality. PEPFAR Haiti Consider will strengthen the identification, tracking, monitoring, and retention of mother-baby pairs to ensure timely testing and linkage to appropriate services of all HIV-exposed infants. The index testing cascade shows gaps between index cases identified and tested. Notably, the index testing yield dropped by three percentage points to about 26% in FY22. PMTCT-related data shows that two in five HIV positive women are newly identified positive, the majority being women 20-29 years. Index testing remains the major testing modality, accounting for almost 3 in 10 of all newly identified positives. Working in tandem with MSPP, PEPFAR Haiti will facilitate targeted training and continuous quality improvement efforts to strengthen ethically-sound index testing in facility and community settings. All settings will also receive appropriate training and mentoring to optimize screening and testing of at-risk populations (children, AGYW, men, and KPs). PEPFAR Haiti will work with MSPP to map out high risk groups that should be screened and tested in settings where they present in. All self-tested individuals with a suggestive test result will have a confirmatory test done and effectively linked to the appropriate prevention or treatment service.

The Patient Linkage and Retention data shows that most clients are not accessing HIV treatment services in their communities due to stigma and discrimination. Data from community led monitoring (CLM) also shows that clients are exposed to stigma and discrimination by service providers. The Stigma Index Report shows that key populations remain highly exposed to stigma and discrimination, including KP-led and non-KP related stigma. Through MSPP, PEPFAR will facilitate stigma and discrimination-related training and mentoring in all PEPFAR-supported sites. We will use various media platforms to challenge existing myths and misconceptions about HIV and AIDS and related stigma and discrimination issues. Such messages will carry an empowering tone, drawing on behavioral science, and addressing concerns reported by key populations. The psychological sustainability of treatment will be a core issue, including U=U. CLM will continue to document and report on stigma and discrimination. PEPFAR Haiti will also use the PEPFAR@20 commemorations to challenge stigma and discrimination using the voices of PLHIV, CSOs, and senior government and non-government officials.

Interruption in treatment (IIT) and adherence remain significant challenges to achieving 95*95*95. The program will continue the aggressive shift towards preventing interruption in treatment by scaling up early refill strategies, 6-month MMD, coupled with reinforced psychosocial package and treatment literacy in all locations. Leveraging GF resources, the program will expand community drug distribution (CDD), including Drug Dispensing Points (DDP).

Scaling up a large range of differentiated drug delivery models is an urgent priority given the prevailing security challenges. The program will leverage existing experiences in scaling tailored drug delivery services. PEPFAR Haiti will also support MSPP in offering integrated services – HIV, TB, hypertension, hepatitis, cervical cancer (in select facilities), and diabetes screening, PrEP, testing, and treatment – within the facility-community continuum. In addition, the program will support targeted, preventive calls and related actions to ensure refills of drugs early and remind people of appointments for essential services. Program data pinpoints to specific populations and geographical areas. These ‘hotspots’ will be prioritized without leaving anyone behind. Furthermore, risk categorization of patients will be systematic to deliver people-centered service packages to prevent treatment interruption and virological failure. PEPFAR Haiti will continue to expand multi-month dispensing (MMD) of ART for more than 6 months and up to a year for people who plan to spend time outside of the country to ensure continuous supply of medicines until they come back or find another point of service.

GoH continues to leverage PEPFAR and GF-supported laboratory, HMIS, and supply chain investments to ensure health security. Over the last three years, these systems investments have provided the backbone to mitigate the COVID-19 pandemic and the recent cholera outbreak. The country context demands that the inherent capabilities of the systems be strengthened by developing the capacity of the government to use and manage the systems at the national level. The systems are heavily donor dependent.

To strengthen the lab system, PEPFAR Haiti will work with MSPP and GF to complete the diagnostic network optimization, build the governance and leadership capabilities of MSPP at national and sub-national levels, strengthen the national sample transportation system, including transmission of results between clients, facilities, and testing centers. PEPFAR Haiti will also support MSPP to improve human resource and technological capacity to reduce the unacceptably high turnaround time for results. Equipment breakdown and servicing remains a major constraint. PEPFAR Haiti will tap into new service-level agreements to mitigate these challenges. PEPFAR Haiti is also leveraging GF and World Bank resources, working closely with the Ministries of Energy and Health, to support the roll out of solar energy to select health facilities. Complementary energy sources will support other facility operations beyond the laboratory.

To strengthen the supply chain system, PEPFAR Haiti is developing the capacity of MSPP’s pharmacy directorate to lead the quantification, quarterly supply planning reviews and related actions to enhance supply chain and logistics management oversight. PEPFAR Haiti leverages its HMIS investments to ensure site level visibility of stock. This has helped reduce stock outs. PEPFAR Haiti will continue to expand opportunities for private sector participation in last mile distribution of commodities and transportation of laboratory samples. Under the leadership of MSPP, PEPFAR Haiti and the GF will work together to implement the common basket supply chain approach for HIV drugs, for a seamless national coverage, maximizing support from both donors.

In addition, to maintain and reinforce the HMIS, PEPFAR will continue to work closely with MSPP to build HMIS-related capacity, transition to open software solutions, and engage on required improvements to ensure the system serves its primary purpose.

GoH has committed 40 million gourdes (about \$250,000) for HIV, TB, and Malaria. Through MSPP, the government has embraced the need to lead the HIV response. PEPFAR Haiti will collaborate with GF and other development partners to develop the MSPP leadership and governance architecture at the national and sub-national levels. In the same vein, PEPFAR Haiti will build the capacity for site visits and mentorship, tapping into digital technologies given the prevailing security challenges. PEPFAR Haiti will also support the HRH entity in MSPP to facilitate mapping of cadres to the work across SNUs, identifying capacity development needs. PEPFAR Haiti will support MSPP and the Ministry of Finance in designing a new salary scale, which will be the first step in harmonizing salaries and benefits across PEPFAR, GF, other development partners and MSPP. PEPFAR Haiti will also strengthen partnerships with institutions of higher learning to continue pre-service and in-service training, with the aim to bridge the gap in HR needs across multiple technical areas.

PEPFAR Haiti has partnered with GF and UNAIDS to support community led monitoring (CLM). Through CLM, the program will glean insights on program quality within facilities and the communities, including PLHIV, KPs, and Youths. The voices of these communities and actors in the HIV response are critical for closing program quality gaps. MSPP will work with CSOs to facilitate quarterly review sessions of CLM data at the national level. PEPFAR, UNAIDS and GF participate in these meetings. These quarterly reviews will provide strategic guidance to engage implementing partners and sites to provide feedback and facilitate follow-ups by implementing partners and MSPP. The CLM coverage may be expanded to additional sites and covering other data points important for the program as the country edges closer to 95*95*95. PEPFAR Haiti, in partnership with GF, will also support PLHIV and KP associations at the community level, tapping into their new capacities to enhance service delivery across the facility-community continuum of care.

TABLE 1.1: 95-95-95 CASCADE: HIV DIAGNOSIS, TREATMENT, AND VIRAL SUPPRESSION										
EPIDEMIOLOGIC DATA					HIV TREATMENT AND VIRAL SUPPRESSION			HIV TESTING AND LINKAGE TO ART WITHIN THE LAST YEAR		
	TOTAL POPULATION SIZE ESTIMATE (#)	HIV PREVALENCE (%)	ESTIMATED TOTAL PLHIV (#)	PLHIV DIAGNOSED (#)	ON ART (#)	ART COVERAGE (%)	VIRAL SUPPRESSION (%)	TESTED FOR HIV (#)	DIAGNOSED HIV POSITIVE (#)	INITIATED ON ART (#)
TOTAL POPULATION	11,789,112	1.8%	140,241	127,280	111,089	79%	83%	378,838	12,324	11,996
POPULATION <15 YEARS	3,737,986	0.11%	4,402	3,608	3,217	73%	79%	13,633	449	557
MEN 15-24 YEARS	2,116,911	0.16%	3,481	2,346	2,037	59%	77%	24,236	491	469

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	TOTAL POPULATION SIZE ESTIMATE (#)	HIV PREVALENCE (%)	ESTIMATED TOTAL PLHIV (#)	PLHIV DIAGNOSED (#)	ON ART (#)	ART COVERAGE (%)	VIRAL SUPPRESSION (%)	TESTED FOR HIV (#)	DIAGNOSED HIV POSITIVE (#)	INITIATED ON ART (#)
MEN 25+ YEARS	2,820,049	1.86%	52,655	44,527	38,595	73%	83%	59,694	4,389	4,149
WOMEN 15-24 YEARS	1,126,593	0.69%	7,866	5,028	4,292	55%	75%	97,818	1,127	1,155
WOMEN 25+ YEARS	2,970,578	2.5%	74,282	71,749	62,948	85%	83%	178,974	5,968	5,566
MSM					3,099		91%	11,877	671	551
FSW					5,600		89%	20,999	1,413	1,195
PWID					5					
PRIORITY POP (PEOPLE IN PRISONS)					890		82%	5936	220	32

Figure 1.1: PLHIV by SNU

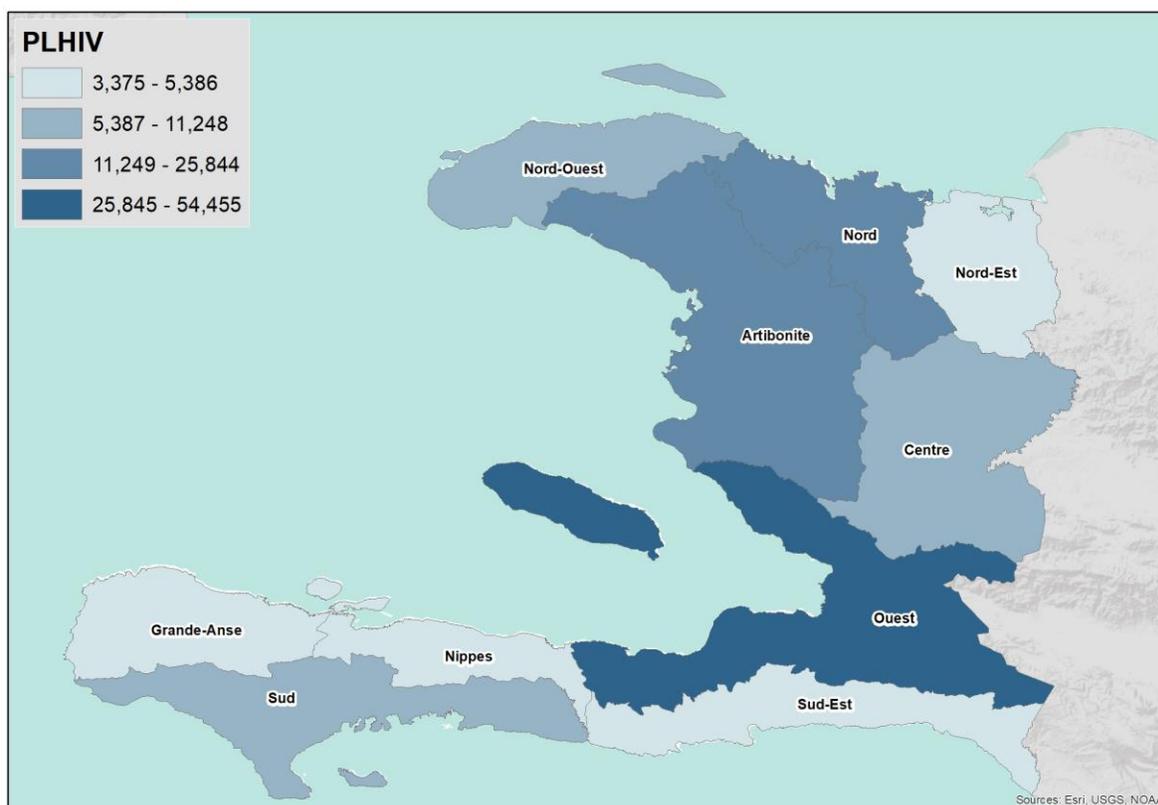


Figure 1.2: Coverage of total PLHIV with ART

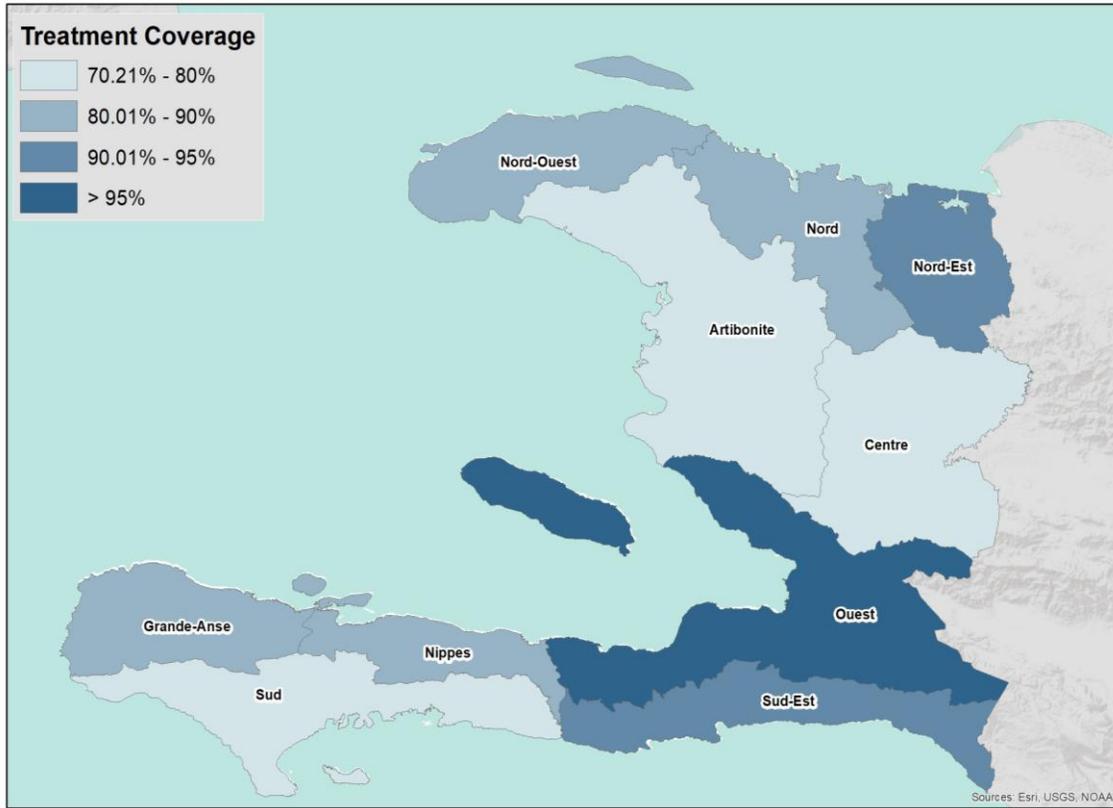


Figure 1.3: Viral load coverage by SNU

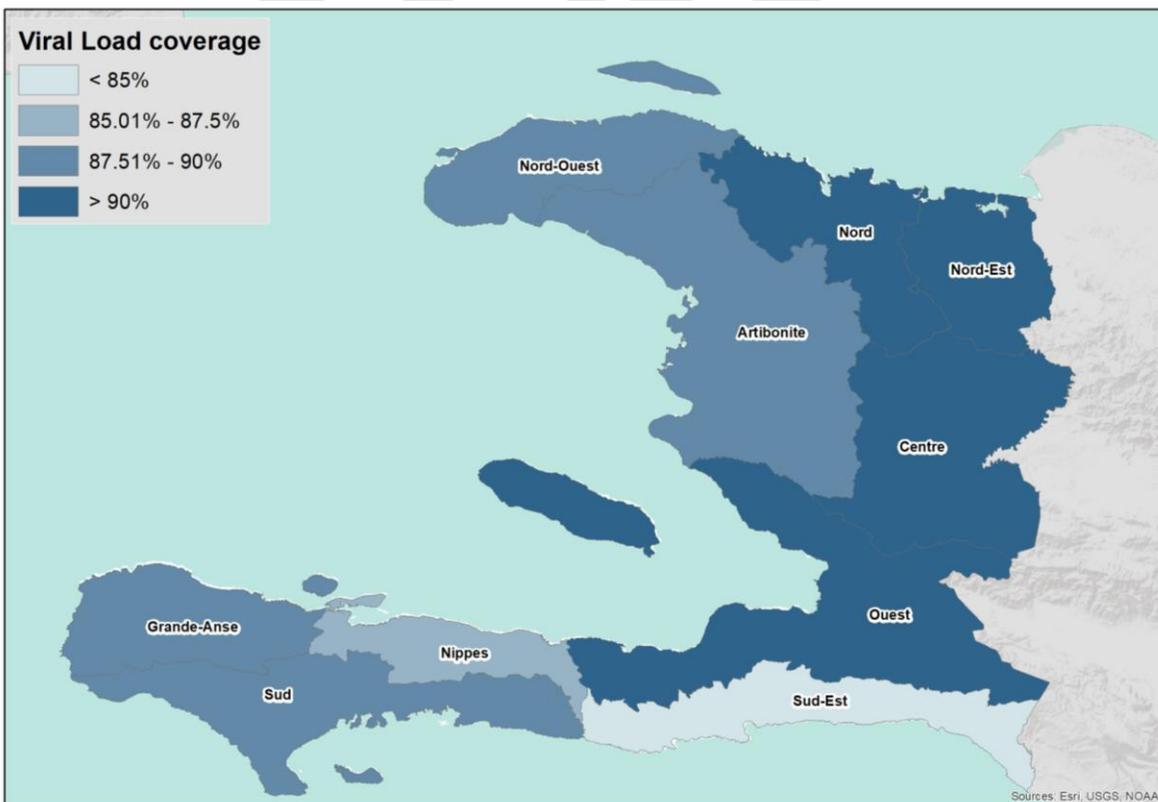


Table 1.2 Current Status of ART Saturation				
Prioritization Area	Total PLHIV/% of all PLHIV for COP23	# Current on ART (FY22)	# Of SNU COP22 (FY23)	# Of SNU COP23 (FY24)
Attained	2.35%	2,157	7	7
Scale-up: Saturation	56%	70,322	4	4
Scale-up: Aggressive	40%	38,810	8	8
Sustained				
Central Support				
No Prioritization				
Total National	140,241	111,089		

Pillar 1: Health Equity for Priority Populations

Health equity is PEPFAR’s most important commitment in COP23. Strategies will ensure that all ages, genders, and population groups at risk of HIV infection receive prevention and treatment services. However, we will make some specific and intensive efforts to cover the populations in which the main gaps have been identified alongside the prevention and care and treatment cascades. These are the children, pregnant and breastfeeding women, AGYW, young adults, and the key populations. In addition to interventions aimed at closing the gaps for these above-mentioned specific populations, we will discuss some cross-cutting services that concern more than one of the groups, such as PrEP expansion.

Plan to Close Gaps in the Pediatric Cascade

Reaching health equity for children is a major challenge for the national HIV response. Data reported in Q4 of FY22 showed 68%, 58%, and 45% of coverage at OU level for the 1st, 2nd, and 3rd 95 respectively¹. As articulated earlier, EID coverage is also suboptimal. Despite the numerous challenges that the country is facing, we are determined to improve the pediatric cascade and get Haiti closer to epidemic control. We can achieve improving case finding by closing the gap at the institutional level through improvement of our index testing cascade and PITC. PEPFAR Haiti will support universal screening of mothers and pediatrics to determine exposure status of infants. PEPFAR Haiti will also advocate for universal testing at high yield settings such as malnutrition and TB clinics and include immunization and inpatient service delivery points. We must improve our collaboration at the community level to identify children of HIV infected mothers that may have never been tested. The latter strategy can be successful using OVC resources, as well as the leveraging of the polyvalent community health workers (known as *Agents de Santé Communautaires Polyvalents*, ASCP) for expanding Index Case Testing. Improving linkage to treatment for all age groups and retaining them on treatment is an urgent

¹ 95% of all people living with HIV to know their HIV status, 95% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy to have viral suppression by 2025.

necessity. PEPFAR Haiti will continue to engage PLHIV Associations and CSOs to improve index case testing and linkage to treatment and retention in care.

PEPFAR Haiti will complement GoH, WB, GF, and UN efforts to strengthen, through targeted recruitment and capacity development, maternity services in major hospitals across the 10 departments of the country. In addition, PEPFAR Haiti will continue strengthening the provision of services in remote areas through targeted interventions such as mobile clinics to better serve women and children who cannot travel to clinics for myriad reasons.

Data has shown high mortality in children with IIT. Some of the measures to improve retention includes: address longstanding gap in skilled HRH; adapt of all differentiated service delivery (DSD) models (MMD, CDD, DDP) for children and promote their utilization; scale-up age-appropriate disclosure; promote integrated Case management through PMTCT/Pediatric case managers; scale-up DOTs and ensure smooth transition while empowering caregivers; use immunization and MCH clinics to further reach children in the community; collaborate with private clinics for bi-directional referrals; prevent death in the pediatric cohort by identifying and treating HIV advanced disease and comorbidities such as TB, malnutrition, anemia, ARI, and diarrheal diseases; improve viral load coverage (VLC) and viral load suppression (VLS) by scaling-up of VL point-of-care (POC) testing network and improve turnaround-time (TAT) of results; ensure age-appropriate treatment literacy for children & caregivers; protect DTG regimen's impact by focusing on treatment adherence. Through partnerships with UNAIDS and WFP, PEPFAR Haiti will explore opportunities for nutritional support to food insecure HIV positive mothers. PEPFAR Haiti will also continue to leverage the OVC platform to reactivate children and adolescents who have not reached final status or who are on treatment interruption. In addition, we will utilize the OVC platform to report and prevent child mortality and involve PLHIV associations in the monitoring of deaths.

We will not close the gaps in pediatric diagnosis and treatment if we are not meeting clients where they are, therefore, getting closer to the communities is an essential strategy to reach our goal. The program will engage faith-based organizations (FBOs), civil society organizations (CSOs) including community-based organizations (CBOs), PLHIV Associations, Peer adherence group (PCAGs), Haitian Pediatrics Society, and polyvalent community health workers (CHWs) to promote health seeking behaviors for the entire family including children, therefore supporting community leadership to address cultural barriers that also impede access to early testing for women, through community structures that they attend and are part of (e.g. churches or women's associations; engage Ministry of education (MENFP) on HIV education in schools (positive information could prevent stigma); promote media/social media programs (including local influencers) that focus on educating people about HIV prevention and treatment, non-discrimination and care; reach adolescents through adapted messages on social media and through youth-led support groups and associations (Consider OTZ or similar program). When and

where possible, periodic mobile clinics will be organized to reach children, that could not be otherwise linked to clinical services. PEPFAR Haiti will reinforce partnerships with MOH and other appropriate structures to fill pediatric clinical provider gaps. PEPFAR Haiti will review children/youth-oriented programs and seek collaboration with appropriate partners to improve outcomes. The program will continue to improve data systems for decision making, including data on the quality of services at PEPFAR-supported community and facility settings.

Plan for Services for Pregnant and Breast-Feeding Women

The national program has made a lot of progress towards an AIDS free generation by decreasing the prevalence of mother to child transmission of HIV (PMTCT). However, we need to do more to eliminate MTCT and take Haiti closer to epidemic control. Scaling-up PrEP for high-risk pregnant women will be a game changer for our program. Together with MSPP, PEPFAR Haiti will expand PrEP access and promote its uptake to prevent seroconversion among PBFW and their partners as well as reduce occurrence of vertical transmission.

We will train providers at both the facility and community levels to help women identify their own risk factors and promote the use of PrEP. We will monitor the use of family planning closely to prevent unwanted pregnancies, especially in AGYW.

At PEPFAR-supported sites, 98% of pregnant women (PW) tested are aware of their status and receive regular prenatal care. However, many women are getting services at non PEPFAR/GF supported sites. MSPP is scaling up PMTCT services at those institutions with the support of other donors, together with PEPFAR and GF, with the goal of testing all PW. We will expand PMTCT services to 127 additional sites leveraging non-PEPFAR MCH investments to substantially decrease the national PMTCT coverage gap and integrating syphilis testing for all pregnant women. To ensure a good coverage, MSPP will reinforce its maternal retesting strategy and consider retesting of high risk PBFW vs universal retesting. To reach PW in the community, we will make self-testing available for further improved coverage. Retention of mother baby pairs continues to be a big challenge. The implementation of reliable surveillance systems for mother-baby pairs during pregnancy and breastfeeding, using SAFE, will assist in longitudinal follow-up. We will strengthen retention and viral suppression of PBFW through community engagement and development of partnerships with CBOs/CSOs. We must reinforce PMTCT/Pediatric Case Management models. We will improve and expand the PMTCT case manager model to ensure timely services to the pair, including VL for PBFW and EID for babies. Mortality analysis shows that the <1 age group has the highest mortality of any age group, greater than 4% in some quarters in FY22. This partially reflects the low EID coverage and linkage to ART. Further decentralization of VL and EID at the community will continue to be a high priority for the program. Pregnant women had a suboptimal viral load coverage of 46% and a suppression rate of 82% in FY22. PEPFAR Haiti will expand community sample collection to enhance viral load coverage. Further, PEPFAR Haiti will MMD and other models to improve VLS. The program will

reinforce OVC/DREAMS collaboration by providing increased socio-economic support to vulnerable and young mothers. By targeting HEI and families for increased enrollment in OVC programs, the OVC program could be a contributor to the case management model for PBFW and HEI. Linkage will be supported and facilitated with PCAG involvement (community viral load sampling, vital signs monitoring, drugs delivery and monitoring and referral if necessary). Some of the LIFT equity funds, if granted, will be used to support economic empowerment of families. PEPFAR Haiti will also seek engagement of other entities capable of providing nutritional support for mothers and their newborns.

HIV Prevention Services for AGYW

In FY23 the HIV incidence is almost to three times higher among adolescent girls and young women (AGYW) compared to their male counterparts. This gap may continue to widen as Haiti's current crisis continues to place women and girls at increased risk of HIV acquisition and many forms of SGBV. Since its inception, the DREAMS program has set the goal to reduce HIV incidence in this priority population by enrolling AGYW at highest risk of HIV in the program and offering a core package of layered services. The program, which has been operating since 2018, is currently being implemented in four (4) arrondissements, Port-au-Prince, Cap-Haitian, Dessalines, and Saint-Marc, which were selected based on high yields of HIV testing among AGYW and high prevalence of gender-based violence (GBV) as reported by the 2017 DHS.

Core DREAMS

Given the continuing need to adapt programming to the challenging security context and the changing HIV epidemic which includes falling incidence rates among AGYW, despite persistent inequities between AGYW and ABYM, in COP23, PEPFAR Haiti will streamline its core package of interventions in those 4 priority districts. To be responsive to participants' feedback on the current curriculum offered, and reduce risks to program participants, mentors, and IP staff, PEPFAR Haiti will shorten curricula requiring in person meetings, reinforce virtual communication channels allowing AGYW to stay in touch with each other and with their facilitators. PEPFAR Haiti will add virtual sessions to maintain program integrity and quality. To shift program resources to those activities and components most needed by AGYW at risk of HIV, PEPFAR Haiti will scale down the current parenting programming. PEPFAR Haiti will continue to work with IPs, GOH, PLHIV associations, and CSO to explore ways to improve program efficiencies and reinforce partnerships with other donors supporting AGYW programming. With these changes, PEPFAR Haiti remains committed to maintaining elements most critical to the prevention of HIV among this population: sexual and reproductive health services that are adolescent and youth friendly, hybrid virtual and in-person safe spaces to foster connection between AGYW and build their social assets, violence and HIV prevention education, and norms change efforts at the community level with Transforming Masculinities. Older AGYW, especially the 20-24 will participate in financial literacy groups, receive entrepreneurial skills, and linked to various economic strengthening activities. Through technical assistance, PEPFAR Haiti will explore what is feasible

and safe before implementation. PEPFAR Haiti will reinforce socio-economic support activities and income-generating activities (IGA) for targeted AGYW. PEPFAR Haiti will continue to offer education subsidies; where feasible and for AGYW that have dual OVC and DREAMS eligibility, PEPFAR Haiti will provide this support through OVC programming.

The changes described above, notably the scaling down of the parenting curriculum, will allow us to be responsive to the shifting epidemic and acute needs of DREAMS participants. Investments in PrEP will facilitate scale-up for at-risk populations with a focus on AGYW especially those involved in transactional sex and or exposed SGBV. We will boost demand creation during PrEP campaigns and at all interactions of potential clients with providers at facility and community settings. PEPFAR Haiti will train all DREAMS mentors and facilitators who will serve as PrEP and PEP champions using context-specific approaches. To improve accessibility, PEPFAR Haiti will continue to engage MSPP to allow access of PrEP commodities at safe spaces.

To further reduce vulnerabilities of AGYW, we will scale up the Transforming Masculinity, community norms change (CNC) approach. The program will work with Ministère de l'Éducation Nationale de la jeunesse et des Sports (MENJS) and Institut du Bien-Etre Social et de Recherches (IBESR), a government entity responsible for protecting the rights of children and adolescents in Haiti, with the goal to institutionalize CNC curriculum and principles in schools. We will strengthen comprehensive economic strengthening activities to address increasing demand of CSO and AGYW beneficiaries. The program will adapt and tailor these activities based on the results of a market and labor assessment that will identify entrepreneurship and wage employment pathways that hold promise for AGYW specific to each arrondissement. DREAMS resources will be supplemented by some of the LIFT equity funds, if granted, to support this endeavor.

The program will periodically consider and review transport costs for adolescents and young girls as a strategy to reach the most vulnerable young girls. To ensure that the program is agile during a rapidly changing context, PEPFAR IPs will conduct periodic assessments with youth and adolescents to better understand their needs, including types of activities, training and methods of engagement. The assessment findings will be used to adapt the DREAMS program.

The program will support economic strengthening opportunities, including entrepreneurship training, financial literacy, mentoring, and professional development support for targeted beneficiaries. Such activities will remain adaptable, in consideration of beneficiaries' and civil society feedback, as well as the changing context and needs. PEPFAR Haiti will also tap into headquarters support to assess opportunities for economic strengthening without increasing vulnerability of beneficiaries.

Enabling DREAMS

Beyond the 4 DREAMS districts, the program will support enabling DREAMS activities focusing on norms change, change addressing systemic and structural barriers and institutionalize evidence-

based programming that cut across geographies. PEPFAR Haiti will continue to advocate for a reduction of age of consent by working closely with MSPP and the ministry of justice. This is a critical requirement to achieve rights-based access to and use of services like HIV-testing, care and treatment, PEP, PrEP, contraception, ASRH and sexual education in schools. In addition, PEPFAR will work closely with the MSPP, UNAIDS, GF, civil society and all HIV partners to advocate for and advance change on damaging social and gender norms that favor the sexual exploitation of ADYW, including in-within the family environment.

The program will create a favorable environment for AGYW by mobilizing the community for change. Under the leadership of MSPP, we will create an HIV prevention technical working group (TWG) in collaboration with UNAIDS, GF, youth-led and organization, PLHIV associations, CSOs, CBOs, and other stakeholders for a synergic approach to health equity for priority population and to end HIV by 2030 as a public health threat.

The program will focus on collaboration with faith leaders, PLHIV associations, CBOs and CSO engaging youth or youth leaders. Their involvement will be instrumental in accessing most vulnerable girls and will also help disseminate appropriate prevention messages for AGYW. The program will consider the use of community health workers (ASCPs) to improve prevention outreach. The program will identify existing youth associations (including Scouts), Religious Associations (MEJ, Kiro), Rotarac and Interac/Rotary club to build their capacity. The program will further engage youth dialog to better understand youth needs and bolster AGYW leadership, collaboration, and engagement in the HIV response. At least once a year, DREAMS mentors will report feedback of AGYW on activities and support provided and needs expressed, so that Implementing Partners can propose further enhancements to the DREAMS activities.

HIV Prevention Services for Key Population

We will continue to deliver a comprehensive combination prevention package of services at facility level and within the community to Key Population (MSM, FSW and clients, LGBTQI+). These combination prevention services include social behavior change (SBC), condom usage, HIV testing services and STI screening/treatment services as well as biomedical interventions such as PrEP and PEP. During the COP23, PEPFAR Haiti will intensify the services to KPs to reach more beneficiaries at facility and community level. PEPFAR Haiti will scale up HIV self-testing to all departments and where feasible implement social network testing to maximize case finding. PEPFAR Haiti will also scale up PrEP services to all departments and service delivery points. In addition, clients on PrEP will benefit from syphilis testing and offering new HIV prevention choices (Daily/Event-Driven oral and long-acting PrEP and tailored interventions). Due to the difficult operating environment, PEPFAR Haiti will also advocate for the simplified and differentiated PrEP implementation in line with new WHO guidance that recommends less stringent criteria for laboratory eligibility, event-driven PrEP for all cisgender men, and MMD. PEPFAR-Haiti will facilitate a training-of-trainers KP-sensitization training with the goal of

reaching all sites health staff and improve KP provider competency. Additionally, our HIV prevention, testing, and treatment strategies will focus efforts on leveraging expert KP-led organizations to capacitate other KP organizations: engaging civil society in activity planning and implementation and service delivery.

PEPFAR Haiti will support MSPP to establish referral services for proctology and urology services. The services could also be integrated within existing sites. PEPFAR Haiti will continue to seek partnerships that can support the specialized needs for KPs, including working collaboratively with GF to optimize resources and enhance effectiveness. PEPFAR Haiti will ensure that KP-focused services are delivered in a way that is accessible and appropriate by delivering regular training sessions for staff in PEPFAR-supported sites on the needs of all key populations. The thrust is to have KP-competent service providers.

Health Equity for Young People Living with HIV

Review of program data show that adolescent and young male and female adults (age 15-34) living with HIV have worse outcomes than their older peers throughout the clinical cascade. Particularly, viral suppression rates remain lower across these subgroups. In COP23, PEPFAR-Haiti will identify and engage young people-led organizations to play a role in building awareness for their peers. We will recruit young PLHIV leaders through PLHIV associations and health institutions to help with the changes needed to reach and engage young people. PEPFAR Haiti will seek to identify potential barriers specific to young PLHIV and will develop, together with young leaders, programming tailored for adolescents and young adults with adapted messages, tools, job aids, and communication materials. We will use young people-friendly channels, especially social media, and youth clubs to deliver HIV prevention and treatment information. In addition, we will do risk categorization among young PLHIV to prevent poor linkage, poor viral suppression, and interruption in treatment (IIT). Finally, PEPFAR Haiti will collaborate with other partners, to leverage key messaging delivery, via existing initiatives and programs targeting young people, including through the UN System, for example the ongoing HeForShe Campaign implemented by UN-Women, UNAIDS and UNESCO, targeting engage men and boys in removing the social and cultural barriers that prevent women and girls from achieving their potential. Such initiatives could assist in multiplying communication efforts on key program weaknesses, such as treatment interruption amongst young people.

Prevention Plan that promotes equity, especially advancing access to PrEP

In COP23, PEPFAR and GF will support MSPP to expand prevention services to reach more beneficiaries and to address gaps in equity for PBFW, for AGYW as well as key populations. In addition to the geographic expansion that was mentioned above for the first two subpopulations, the program will reach out to more beneficiaries through improved SBC activities and campaigns with adapted materials that will be translated in the local languages and disseminated through a

high number of mass and social media. Adoption and implementation of the recent WHO simplified and differentiated PrEP implementation guidelines will allow for a meaningful scale up of PrEP services in all and sites. Furthermore, we will gradually introduce innovative approaches in the program for prevention such as long-acting PrEP aiming at reaching a new set of beneficiaries. Due to supply constraints, cabotegravir (CAB-LA) will not be available in Haiti during COP23 implementation. PEPFAR Haiti will support the eventual introduction of CAB-LA by supporting regulatory approval, standard operating procedures (SOPs), and training. PEPFAR Haiti will prioritize locations most impacted by gang warfare and violence. To increase the reach of PrEP services, the program will systematically screen HIV negative beneficiaries of the most at risk population, including pregnant and breastfeeding women and KPs, and offer to enroll those eligible in PrEP services at each service delivery point at community and facility levels. To make sure that all groups are reached out and benefit from prevention services, PEPFAR Haiti will strengthen the enrollment and use of peer-led and rights-based organizations, and the program will ensure that the capacity of the latter organizations is built overtime in a sustainable manner. Moreover, PEPFAR Haiti will work with the PNLs to coordinate all the prevention services and develop a scorecard with key prevention indicators following UNAIDS standards, and to ensure that all health center staff are routinely trained on PrEP. With strengthened coordination and leadership, the country will be tracking the saturation of prevention services, including PrEP.

Health Equity for all PLHIV - Supporting Treatment continuity and viral suppression

PEPFAR Haiti will implement targeted activities to close the gaps in the clinical cascade for men and for older women, along with the other priority groups. In addition, to ensure health equity for PLHIV, it is important to enable them to live a healthy life by reaching and maintaining viral suppression. Viral suppression rates remain below 85% for all age groups in the country. To fill these gaps, the HIV response will continue the aggressive shift towards preventing interruption in treatment. This includes scaling up the early refill strategy, which include advance reminder calls with possibility to modify appointment date and pick-up modality, 6-month MMD delivered in advance before the end of previous supplies, and reinforced contact with PLHIV to ensure that they receive the appropriate psychosocial package and clinical follow-up evaluations. The psychosocial package, including treatment literacy, will be reinforced in all locations at diagnosis, and at least every 6 months to ensure that patients need are being assessed and addressed to prevent treatment interruption and to reinforce adherence. PEPFAR Haiti will work with implementing partners and sites to capacitate PLHIV to progressively take ownership of their treatment and lead the “treatment team approach”. Leveraging GF resources, the program will maintain and scale up a large range of differentiated drug delivery models, to ensure access despite the current security challenges. Notably, the HIV response will expand community drug distribution (CDD), including Drug Dispensing Points (DDP). The program will leverage existing experiences in scaling tailored drug delivery services.

PEPFAR Haiti will continue to expand multi-month dispensing (MMD) of ART. For patients who plan to spend a long period outside of the country (including the DR) for multiple months, expansion of MMD for up to a year, coupled with virtual psychosocial support, will continue to be implemented on a case-by-case basis. The special package will include not only extended MMD (more than 6 months of ART and OI drugs) but also collection of community VL samples (DBS by finger-prick), and routine health checks at encounters. Under these circumstances, viral load-related testing needs will also be assessed on a patient-to-patient basis. Building on previous years efforts, PEPFAR Haiti will continue to offer services for clients in transit in and out of the country. Building on COP22 work, PEPFAR Haiti will also ensure that supported sites provide PLHIV with a phone number to call for assistance if they have questions about their treatment, need an unexpected refill of medication, or need to modify their next appointment.

At all sites, PEPFAR Haiti will implement risk categorization of PLHIV systematically at the enrollment and on a regular basis thereafter to identify quickly factors that could lead to suboptimal outcomes such as treatment interruption and/or virological failure. The goal of this exercise will be to address these factors as soon as they are detected, within people-centered service packages to prevent these unwanted outcomes.

Furthermore, PEPFAR Haiti will support MSPP in offering integrated services – HIV, TB, hypertension, hepatitis, cervical cancer (in select facilities), and diabetes screening, PrEP, testing, and treatment – within the facility-community continuum.

HIV testing plan that closes gaps, promotes equity, prioritizes public health approaches, and assures appropriate linkage to treatment and prevention services

The gap analysis for HIV case finding is showing that the majority of PLHIV with an unknown HIV status in Haiti are concentrated among the age group of less than 10 years, women aged 15-34 years, old and men under the age of 50 years. Geographically, the gaps are mostly identified within the Artibonite department where about 50% of PLHIV with unknown HIV status are concentrated, followed by the South-east (16%) and the South (10%). It is important to note that the accuracy of these data could be affected by the population displacement happening in the country due to security and sociopolitical reasons. To close the gap in HIV case finding, PEPFAR Haiti will expand recency testing as a strategy to better understand the dynamics of the HIV epidemic and improve the targeting strategy for effectiveness and efficiency. In addition, PEPFAR Haiti will avail HIV RTKs and recency test kits to implement strategies aiming at closing the specific population gaps for children <10, AGYW 15-34, and males <50.

We will accelerate the pediatric case finding for children <10 in COP23 through a wide range of approaches including the expansion of PMTCT/HIV-Exposed Infants (HEI) services beyond PEPFAR footprints coupled with the decentralization of Early Infant HIV diagnosis capacity to help reach more HEI. In addition, PEPFAR Haiti will leverage the polyvalent CHWs, PCAG, and PLHIV Associations to screen children met at the household during visits for immunization and MCH

community-based activities and refer eligible children (including infants) to health facilities for HIV testing. In addition, the program will continue to implement index case testing for pediatric case finding. The program will also work with the KP program to identify children of FSWs and link them to HIV services for screening and treatment.

Strategies to reach the AGYW aged 15-34 years will include targeted HIV testing, index case testing, as well as sexual and social network referral for most at risk AGYW. In addition, the program will work with youth-led CBO and faith-based organizations to identify most at-risk AGYW and link them to HIV testing services, including those infected by STIs and survivors of sexual violence. We will integrate HIV screening and referral for testing in family planning, ANC and MCH clinics in non-PEPFAR supported sites. The program will also continue to collaborate with the OVC and DREAMS program to intensify case finding at the community level. We will continue to optimize Hotspot mapping in a security crisis context to identify and refer FSW and their clients. To facilitate optimal linkage to treatment for HIV positive clients, PEPFAR Haiti will continue to build the capacity of service providers to offer client-friendly back to care services. PEPFAR Haiti will also recruit and work with PLHIV on ART and suppressed to serve as linkage facilitators at facility and community levels. These cadres accompany newly diagnosed clients to appropriate service areas for treatment and laboratory tests.

We will close the gap for men aged 25-49 years through the optimization of targeted testing, index case testing, and linkage. We will prioritize STI clinics for HTS services and ensuring systematic linkage for newly identified PLHIV. Supported sites will offer attractive services to interest men to HTS services including the screening for non-communicable diseases such as hypertension and diabetes, as well as the screening of STIs such as Syphilis. The program will work with health facilities to organize outreach in community-based men friendly spaces for HIV screening, testing and referral. KP-led organizations will continue to map out the MSM hotspots on a regular basis to deploy peer educators and leaders to offer both HIV prevention and testing services.

In addition to the case finding activities described above, PEPFAR Haiti will continue to strengthen the linkage to care, and ART treatment using the test and start strategy, aiming at optimizing same day ART initiation. PEPFAR Haiti will do this through the reinforcement of HIV pre- and post-test counseling, as well as psychosocial support using the “Easy start” package. We will further scale up the easy start package that we introduced in COP20 and has shown great results in all the networks and HTS service delivery points. We will continue to expand the one-stop-shop service model both in drop-in-centers as well as in TB-clinics, and selected DDPs.

Plan to address Stigma, Discrimination, Human Rights, and Structural Barriers

Even though the HIV strategy has prioritized the reduction of stigma and discrimination by 80% in 2023, as well as creating a favorable environment for PLHIV and key populations, a 2021 stigma index found that 35.8% of PLHIV had experienced stigma at least one time. This prevalence was

56.3% for FSW, 66.7% for TG, 40% for MSM, 50% for PWID, and 75% for Gay or lesbians. The consequences of this stigma included the obligation of the PLHIV to change their area of residence (11%), change (3%) or lose their employment (17%), physical violence (8.6%), harassment (12.5%), rumors (29.6%), and verbal violence (22.4%).

During COP23 and going forward, PEPFAR Haiti will reinforce interventions addressing stigma and discrimination, including self-stigma in all service delivery points at the community and health facility levels. Because HIV services free of stigma and discrimination is an important PEPFAR core standard, we will develop a tracker to monitor the compliance of PEPFAR service delivery points with this requirement. PEPFAR Haiti will train and mentor program staff on the provision of patient-friendly and stigma free HIV services in all PEPFAR supported sites. We will review and rollout the training curricula and SOPs to all supported sites. PEPFAR supported MSPP to enforce the inclusion of a clause in staff's contracts at health facilities, to forbid discrimination against people seeking health services. PEPFAR Haiti will continue to facilitate MSPP's enforcement of this clause. MSPP will also draft and display within health facilities the Patient Bill of Rights, so that PLHIV and other patients can be aware of their own rights. In addition, PEPFAR Haiti will reinforce the respect of patients' rights including the right to confidentiality and the respect of their rights and dignity, as 70% of PLHIV surveyed reported that they were sure that their HIV status was maintained confidential, and a fewer proportion (53%) was certain that their medical file was kept confidential. We will include a section on respect of confidentiality in all training for all healthcare professionals providing HIV services (including PrEP), including community health agents, police officers, community leaders, religious leaders (Voodoo priest Federation, Federation Protestante Haitienne, Religion pour la Paix). In addition, the program will leverage the CLM efforts to develop programmatic indicators to routinely monitor the level of stigma at PEPFAR and non-PEPFAR service delivery points and conduct a data-driven advocacy toward the decision makers at all levels and monitor the change obtained over time. PEPFAR and MSPP protect the right of people to choose their place of services. Any PLHIV may request a transfer to another health facility at any time.

In partnership with key HIV stakeholders, including UNAIDS, GFATM and the ensemble of civil society, PEPFAR will also work with the Government to continue to map out human rights-related, structural, and legal barriers to HIV service access for key and priority populations. PEPFAR and MSPP will ensure that all sites have a pathway to collect complaints from their clients and a process to address them, including through a comments box at site-level and a helpline for illiterate beneficiaries. PEPFAR Haiti will expand the satisfaction app for use within all PEPFAR-supported sites and in the community, to improve people's ability to provide their feedback and ratings on service provided at health facilities. In addition, PNLS will regularly review complaints about human rights issues in the delivery of HIV services through reports from the CLM, from the satisfaction app, or from the sites themselves, to act on systemic problems with the appropriate policies, communication, trainings, and/or job aids. The review will be done in a collaborative

way with all stakeholders. The program will continue to provide legal support to key populations and community workers engaged in HIV services through collaboration with the law enforcement and legal authorities. PEPFAR Haiti will work with MSPP, IPs, and facility managers to integrate service delivery.

As a way of identifying challenges and barriers, all PEPFAR-supported clinics will have a suggestion box that is clearly identifiable at the clinic. Each site will have a dedicated cadre to handle complaints. Clinics will publish regular reports on the steps taken to deal with complaints. MSPP may consider setting up a helpline where patients can raise concerns or lodge complaints.

Adapting programs for individuals who identify as transgender

In COP22, PEPFAR Haiti was able to reach 198 transgender persons with HIV testing services. The gaps in HIV services for the transgender population will be known before the beginning of the COP23 implementation phase since IBBS results will already be available. The program will continue to work with the Global Fund at the national level to design and rollout transgender-friendly/competent services, including one-stop-shop services at community settings and drop-in centers, and quick linkage to HIV care and treatment services, including for victims of GBV, which is high amongst transgender, as well as MSM, FSW and PVVIH. Recognizing the need for improving the enabling environment for LGBTQI+, it is crucial to promote service delivery competency that minimizes stigma and discrimination. The program will continue implementing inclusive approaches in its design, implementation, and monitoring, including via Community-led monitoring and work towards the 10 10 10 targets for removing social and legal impediments towards an enabling environment limiting access or utilization of HIV services, including ensuring that key populations and people living with HIV do not experience stigma and discrimination.

Pillar 2: Sustaining the Response

The HIV response in Haiti is currently implemented in a difficult socio-economic & political context, with no president, no functioning legislative government, skyrocketing inflation, worsened by elevated insecurity for populations in several large areas of the country in the form of armed attacks by gangs, frequent kidnappings, and murders. Moreover, a cholera outbreak has surfaced since fall 2022 in Haiti, following the global disruption of the COVID-19 pandemic. This complex situation warrants significant efforts to preserve all the gains made by the national HIV response, with the support of PEPFAR and the Global Fund, and continue progress towards HIV epidemic control by 2025. Maintaining treatment continuity, reducing mortality, and improving quality of life constitute basic critical components of national sustainability efforts. However, it is essential to plan for future decades and to put in place a stronger backbone for a sustainable long-term HIV response in Haiti.

Sustainability Roadmap

New in COP23, PEPFAR Haiti will support the GoH to launch the design of a national HIV Sustainability Roadmap to guide efforts of all stakeholders in the future progressive transition of the HIV/AIDS program towards country leadership and management in all aspects of the HIV response and towards a sustained and equitable impact on HIV/AIDS across all populations. This initiative will require collaboration of multilateral partners, such as UNAIDS, WHO, the Global Fund, and the local civil society, including the private sector, to develop together a country-specific measurable framework with metrics and benchmarks to assess progress towards the goals.

MSPP will lead the HIV Sustainability Roadmap process. This process will reinforce the country's leadership and ownership of the response in terms of ensuring the availability of national strategic and operational plans, updated guidelines, and materials, enforcing the applications of national program recommendations, and monitoring quality of services.

The Sustainability Index Dashboard (SID) will be a useful tool in the process of designing this roadmap. The last SID exercise identified the following areas as the main sustainability strengths for Haiti:

- planning and coordination (10),
- quality management (8.05), with MSPP leading CQI efforts and MSPP's general director chairing the national HealthQual Committee
- market openness (9.04),
- financial/expenditure data (7.50), with regular reports produced on the analysis of HIV expenditures.
- performance data (7.50), with various service data largely available, data validation, and a national case-based longitudinal HIV surveillance system.

On the other hand, the main vulnerabilities for sustainability included the SID areas of domestic resource mobilization (3.93), commodity security and involvement of the supply chain (3.04), private sector involvement (1.85), and technical and allocative efficiencies (3.10), with the last one being progressively addressed by capacity building of local partners.

The HIV response in Haiti is still heavily and almost exclusively funded through international support. However, there is notable progress since the GoH, thanks to a close collaboration between its MSPP and Ministry of Finance (MEF), included, in 2023, a specific budget line for HIV and announced the availability of forty million gourdes (approximately \$250,000) to contribute to procurement of commodities for PLHIV and beyond. PEPFAR will continue to work with the MSPP, UNAIDS, GF, civil society, and other partners on advocating to increase this important engagement, other budgetary commitments towards HIV, as well for an increased general government health expenditure. Despite the extremely challenging current context, during COP23/24 PEPFAR will work with these partners towards the building of a plan for financial

transition of the HIV national response. While economic sustainability is likely out of reach for Haiti's HIV response by 2030, other areas can be reinforced to improve the progression of the country. PEPFAR Haiti, in collaboration with the Global Fund, the World Bank, and other key donors will provide ongoing support to Haiti to leverage the HIV program and other disease-specific programs to strengthen cross-cutting public health system capabilities and outcomes. In its efforts towards building sustainability, PEPFAR Haiti will continue supporting improvements within the traditional six "building blocks" of a health system: Leadership and governance; Service delivery; Health system financing; Health workforce; Medical products; and Health information systems. As such, PEPFAR funding will continue in COP23 to support the strengthening of the managerial and technical capacities of the National HIV/AIDS Control Program.

Localization

In COP23, PEPFAR Haiti will make deliberate efforts to strengthen the core capabilities of MSPP, at central and departmental levels, as well as the communities to start the process towards an autonomously led and managed enduring HIV response.

In COP22/FY23, PEPFAR Haiti is starting efforts to capacitate all 10 Departmental Health Directorates (DHDs), for better coordination and monitoring of the HIV response in their respective area. PEPFAR Haiti will reinforce and revamp this initiative in COP23, under the leadership of MSPP's high instances, to ensure localized management at the departmental level to improve sustainability.

In COP23, PEPFAR Haiti will continue its collaboration with key umbrella civil society organizations (CSO) and will leverage these partnerships to engage regional grassroots organizations throughout the country for their participation in the implementation of the HIV response. This collaboration will allow the identification and capacitation of various community leaders, such as Young Leaders, faith-based leaders, women leaders, among others, and their involvement in the HIV response. Building on the efforts made with the Faith and Community Initiative (FCI), PEPFAR-Haiti will continue to work with catholic, protestant, and voodoo faith-based leaders and organizations to ensure that correct and impactful messages are known and being shared for HIV prevention and/or treatment, as well as on stigma and discrimination and GBV affecting women, girls and key populations, therefore working towards the target of less than 10% of women, girls, people living with HIV and key populations in Haiti experiencing gender inequality and violence. Some voodoo temples already served as DDPs; we will continue this approach, as well as other innovative interventions, particularly shared by CBOs.

Starting in COP22/FY23 and continuing in COP23, PEPFAR Haiti will support the expansion of the CQI community of practice to involve CSO and PLHIV, along with sites staff, in decisions for quality improvement of HIV services in their region, with the innovative approach of regional CQI collaboratives to stimulate CQI culture; foster exchanges and cross-fertilization between stakeholders about common issues in the area; and facilitate the use of CQI tools. PEPFAR Haiti

will also consider adolescent friendly health services (AYFHS) and GBV QI/ QA metrics /tools in this process given the equity focus and the concerns about high/increasing experiences of GBV in the country.

PEPFAR Haiti will continue to fund the community-led monitoring (CLM), and to support capacity strengthening for a subset of CSO, particularly local NGOs, faith-based organizations, KP organizations, grassroots-level organizations, and PLHIV associations, to increase their ability to lead programming and absorb increased support from PEPFAR, governments, and other donors. In this effort, PEPFAR Haiti will coordinate with multilateral partners, particularly the Global fund, including through the Country Coordinating Mechanism.

Local implementing partners are an integral part of civil society and key contributors to a country-managed HIV response. Currently, about 71% of PEPFAR-Haiti's program funding outside of the supply chain goes towards local implementing partners. PEPFAR Haiti will buy in global mechanisms to strengthen the organizational development of local partners as well as continue to build their capacity for service delivery.

As part of the localization efforts, MSPP has produced a document to help engage the Haitian private sector in the HIV response. In COP23, PEPFAR Haiti and MSPP will launch new efforts to explore and seek public-private partnerships for a more locally owned HIV response and stronger overall health system.

Integration

PEPFAR Haiti will continue to support a people-centered approach with differentiated service delivery models to meet the needs of various populations groups and increase resilience in the current context. The people-centered approach is also based on reinforced health literacy and psychological and socio-economic support for vulnerable beneficiaries at and beyond sites. We will categorize PLHIV based on risk for interruption in treatment and/or persistence of high viral load, to allow providers to deliver tailored packages to prevent these poor outcomes. New in COP23, we will expand the people-centered approach to involve working with MSPP to develop pathways to complement and fill gaps in HIV/AIDS service delivery, including the detection and management of co-morbidities like hypertension and diabetes for example, while ensuring access and affordability for more vulnerable PLHIV.

Under the leadership of MSPP, PEPFAR Haiti will work towards the progressive integration of vertical HIV/AIDS programming into local health service delivery infrastructure to enhance quality of care (one-stop shop approach). The strengthening of DHDs, and the reinforcement of the health system building blocks mentioned above will be the foundation for this integration. New partnerships with local organizations will also be instrumental in achieving this integration by helping to ensure a shared understanding among providers through the engagement of health-related professional bodies, and to find additional resources where needed to complete

the integration with the help of local non-profit organizations supporting health and local businesses.

In COP23, PEPFAR Haiti will increase its level of investment to integrate HIV services in the scope of work and performance indicators of the 5,500 polyvalent community health workers to enable them to effectively contribute to case finding and prevention services. PEPFAR Haiti will continue to integrate TB and HIV and strengthen the capacity of community health workers to facilitate TB screening at the community level.

Alignment

PEPFAR investments in Haiti are aligned with national priorities and address key health system gaps observed. PEPFAR Haiti will continue to support the key public health institutions and public health systems, such as laboratory, HMIS, and supply chain, as difficulties to mobilize domestic resources remains a key gap.

New in COP 23, PEPFAR Haiti will strengthen linkages between HIV program and broader public health investments. MSPP, PEPFAR Haiti, and the GF will work together for strategic alignment, complementarity, and efficiency to maximize investments. This work is already in a good place between PEPFAR and the GF, with an improved share of commodities, and other services, and we will reinforce it in COP23 with the common basket approach. This year, the COP23 planning for two years, and the GF grant process for three years are conducted in parallel around the same time, which further improves the opportunities for ensuring alignment between the two donors. MSPP will lead efforts to account for existing public investments and to explore better alignment of investments with MSPP's vision and objectives, with technical support from PEPFAR.

PEPFAR Haiti will continue to support MSPP for improved resource management and updating of the salary scale to support fair pay for all health workers, as a basis for planning the future transition of the health care workers to MSPP. PEPFAR Haiti, GF, UNAIDS and GoH have agreed that such transition is not yet possible in the next two years, but discussion will start to put in place a plan addressing the necessary intermediary steps and taking the context into consideration.

PEPFAR Haiti will continue to support health providers as the essential component for service delivery, and will continue to capacitate them with in-service training, coaching, and mentoring on key elements and on continuous quality improvement (CQI). Starting this year and continuing in COP23, PEPFAR Haiti will support the integration of civil society and PLHIV beneficiaries in targeted regional CQI processes to improve quality of services provided in the region. Furthermore, PEPFAR Haiti will continue to support the nurse practitioners training program, jointly with the State University of Health Sciences and MSPP, to improve availabilities of qualified providers for task-sharing, including prescription of ART. PEPFAR Haiti will also ensure that community health workers (ASCP) have part of their training devoted to HIV-related tasks and will encourage including peers in the workforce, especially to lead support group, community

adherence groups (PCAGs), and/or serve as peer navigators. In addition, in COP22, PEPFAR is supporting the process towards the certification of HIV providers, which will continue in COP23, as a supplementary step to improve quality of services.

Pillar 3: Public Health Systems and Security

Over the past 10 years, PEPFAR Haiti investments has helped improve the Haiti public health systems including the health information systems, laboratory systems, human resources, the supply chain as well as the overall governance and institutional environment. PEPFAR Haiti has implemented various strategies and interventions and paved the way for a smooth response to the COVID-19 pandemic and the most recent cholera outbreak. During COP23, PEPFAR Haiti will continue to support the government of Haiti's efforts to reimagine its health care system for high quality health services, readiness to prevent, detect, and respond to outbreaks and to address health inequities among underserved populations throughout the country.

Support to HRH for Sustained Quality HIV Service Delivery

In alignment with the 5x3 PEPFAR strategy and COP 23 HRH guidance, PEPFAR Haiti is working to ensure that HRH investments for HIV services are consistent with partner-country and regional priorities. PEPFAR Haiti is supporting the integration and coordination of HIV services within partner country primary health care systems as both a means to reach HIV epidemic control targets and sustain impact.

As PEPFAR Haiti invests in service staff development, MSPP must be central to the implementation, have an active role to play in decision making, including hiring, deploying, compensating, and retaining health care workers. Recognizing this significant footprint and the healthcare worker gap in Haiti, PEPFAR Haiti will work with MSPP to build capacity to advance health workforce planning, management, and financing for the workforce needed to support primary health care and emergency response services. This is inclusive of reviewing, together with MSPP and MEF, remuneration levels for health cadres.

The program will maintain communication with the MSPP's leadership to assure that any plan implemented has their agreement and commitment and that introduction of innovation or systems change will be Ministry-led.

There will also need to focus on establishing ownership by the Ministry in the steps that were agreed upon with them during planning. Through COP23, PEPFAR Haiti will reinforce existing activities such as: support of pre-service and in-service training across the country, assist in reviewing the scope of work of ASCP to make sure it is revised to include HIV services at community level, including prevention, pre and post exposure counseling and treatment services to exposed groups, referral for case finding, retention, screening, referral for mental health and SGBV), and respect of patients' rights including the right to confidentiality and the respect of their rights and dignity. In addition, PEPFAR Haiti will continue to support, under the leadership of

MSPP and relevant higher education institutions, the certification process of the different cadre of HIV providers and the professionalization of the ASCP cadre to ensure quality of services and patient-friendly and stigma free HIV services.

Efficient Supply Chain Management System through Host-Government Leadership

Within the 5x3 strategy, PEPFAR's strategic focus is strengthening supply chain management (SCM) systems and government capacity in preparation for transferring the supply chain to Haitian government control. To rationalize commodity management while improving efficiency, PEPFAR Haiti will work to strengthen the capacity of GoH toward a unified quantification, supply planning, and warehouse management of the main commodity donors for HIV and TB, including PEPFAR Haiti and the Global Fund. Implementing the "Common Basket" will ensure that government partners inherit a single, consistent quantification, forecasting and warehousing system. For supply chain data, PEPFAR Haiti will support GoH towards unifying the logistic management information system (LMIS) so that service delivery points, distribution partners, and the government can input data and access supply chain information and reports from a single unified source. In addition, the conversion of the LMIS to an online eLMIS will be supported to improve real-time access to supply chain information for monitoring and decision-making.

To improve the capacity of the government to assume control of supply chain activities, PEPFAR Haiti will work to enhance available training programs and resources. PEPFAR-Haiti will work to improve pre-service training for supply chain functions such as regulatory systems, quality assurance, logistics management, and warehouse management. PEPFAR will partner with GoH to implement a drug monitoring program to avoid the import of soon-to-be expired drugs and track expiration dates throughout import, delivery to sites, and storage in facilities. PEPFAR Haiti will overcome in-country travel limitations by expanding the functions of its SCM Call Center to include virtual supportive supervision, and by developing online and printed job aids and SOPs. Reinforced supportive supervision will ensure that processes are implemented for regular verification to proactively prevent stock outs. In addition, SCM technical committees will be revitalized under the leadership of the government to ensure cohesiveness and continuity of technical improvements. Moreover, the PEPFAR program will work with other key donors to support the Government for the development of pharmacovigilance and quality assurance systems.

Improved Laboratory Services to mitigate inequities among priority populations

During COP23, PEPFAR Haiti will address three major gaps related to the laboratory service performance including: a) the long turnaround time of VL/EID results; b) the weak laboratory continuous quality improvement (CQI); and c) the laboratory leadership and program management capacity building.

The sample transportation system will be improved collaboratively with the Global Fund investments as well as other donors supporting MSPP in that area. PEPFAR Haiti will strengthen

the current testing hubs in the Ouest and Nord department for continuous operations and timely delivery of VL/EID test results. Additionally, PEPFAR Haiti will make the testing hub for the “Grand Sud” operational and ready to cover VL/EID testing for three (3) administrative departments including Grande – Anse, Sud and Sud-Est. These testing hubs also can be used to support the detection and response to emerging diseases and outbreaks. The LNSP will continuously monitor the operations. COP23 will strive to maintain high quality laboratory services through periodic supervision by the LNSP and USG team, reliable power supply, provision of internet connection, trained and skilled lab technicians. The program will improve timely supply of laboratory reagents and consumables. PEPFAR Haiti has started the improvement of the laboratory information System (LIS) and will continue to do so in COP23. PEPFAR Haiti will complete the interoperability between the LIS and the three electronic medical records to all real-time test processing and result information sharing between the testing hubs and the requesting health facilities.

Review of the program data has shown gaps in viral load coverage and suppression in some specific populations including CLHIV, pregnant and breastfeeding women and KPs. PEPFAR Haiti will take appropriate laboratory interventions to address the associated issues during COP23.

PEPFAR Haiti will expand continuous education through the ECHO platform to include topics beyond laboratory services. Areas such as disease surveillance, management of chronic diseases, HIV/AIDS, and data management will be added.

PEPFAR Haiti will continue the continuous diagnostic network optimization (DNO) process started in COP22 with the implementation of key recommendation in a participatory manner and iteration of the exercise on specific components of the DNO as guided by the context. MSPP will bring key stakeholders such as PEPFAR, the Global Fund, The World Bank, CSOs and USG implementing partners at the table to discuss the implementation of the findings.

PEPFAR Haiti will mitigate testing hubs’ service interruption due to poor maintenance of machines through an all-inclusive pricing agreement with manufacturers who will oversee the delivery, connectivity, and maintenance of these VL test instruments. Standardized key performance indicators have been identified to monitor the quality of this service level agreement.

Addressing comorbidities of aging PLHIV Populations

As PLHIV are aging many of them are facing comorbidities such as diabetes and hypertension. The program will do a review of patient files during COP23 to find out the magnitude among PLHIV enrolled. Current program data shows that 55% of PLHIV enrolled in the program are 40 years and older, making them prone to chronic diseases. COP23 strategic interventions will include activities addressing the needs for PLHIV with hypertension. PEPFAR Haiti will capacitate selected health facilities to support the most vulnerable PLHIV for the detection and management of chronic diseases, especially hypertension, without additional costs. Data review

of PLHIV with advanced disease started in COP22 will continue regularly to further guide actionable recommendations to be incorporated into the COP23 plan.

Pillar 4: Transformative Partnerships

Reinforced collaborations at the planning and implementation levels, coupled with continuous leverage of other donor efforts, including the Global Fund, French and Canadian governments, WHO/PAHO, and UNAIDS, the World Bank, as well as strengthened collaboration with the Civil Society, particularly PLHIV associations, private sector, and philanthropic organizations, under the leadership of the Haitian Government, will be essential to achieving HIV epidemic control in Haiti by 2025.

Partner Government

The National HIV response rejoins the Country's Guiding Health Plan's Principles of Universality, Equity and Quality. PEPFAR Haiti continues to support MSPP in the efforts to end HIV/AIDS as a public health threat by 2030. As an innovation for COP23, the discussions started with multiple engagements with MSPP to gather and review the national technical and strategic priorities, which are incorporated in the Strategic Direction Summary (SDS).

PEPFAR Haiti will continue to engage with PNLS/UCMIT, GF, UNAIDS, PLHIV associations, other CSOs, and other stakeholders and support PNLS/UCMIT in quarterly reviewing the performance of the national program and in identifying programmatic gaps. PNLS/UCMIT will host quarterly HIV Monitoring Board Meetings to which PEPFAR, GF, UNAIDS, CSO representatives, and additional stakeholders will participate to discuss and analyze the state of different elements within the programmatic response to HIV. The PEPFAR Haiti team will continue to participate in all planned and ad hoc national-level TWGs organized by PNLS/UCMIT.

PEPFAR Haiti will reinforce and reform efforts to strengthen all 10 DHDs, started in COP22/FY23, in COP23. MSPP's senior leadership will lead, together with their PNLS/UCMIT unit, a new initiative of decentralization of responsibilities of the HIV response, making the DHDs responsible and accountable for the management of all health services, including HIV services within their region. PEPFAR Haiti will support the capacitation of DHDs for the coordination and monitoring of the HIV response at the departmental level.

PEPFAR Haiti will remain fully engaged in strategic meetings organized by MSPP's senior leadership to discuss strategic priorities and overarching progress toward HIV epidemic control in Haiti with a focus on reimagining the response to ensure its effectiveness and sustainability.

New in COP23, MSPP achieved a better collaboration with the Ministry of Finance this year and they are represented in COP23 discussions, which is a starting point to improve the leveraging and mobilization of domestic resources. PEPFAR Haiti will continue to support ongoing efforts led by the Haitian Government in partnership with UNAIDS, the UN System other multilateral

partners, American Institutions, Philanthropies and the Haitian Civil Society for the revitalization and achievement of a fully multisectoral HIV response that addresses structural inequalities and determinants of HIV vulnerability.

Civil Society & Community

PEPFAR Haiti engaged the CSO community in advance of the release of the planning level letter (PLL), to allow them the opportunity to present their requests and perspectives on the priorities for COP23. CSO representatives also participated in the COP23 meeting in South Africa and subsequent in-country discussions with stakeholders. Several of their recommendations, shared within the People's COP and discussions, are incorporated into the SDS.

PEPFAR Haiti will also continue to engage with the CLM implementer on a quarterly basis to review site-level observations that will contribute to improve the PEPFAR program and the national HIV response. Additionally, PEPFAR Haiti will convene meetings twice a year with the broader civil society community, with an emphasis on community-led monitoring and use of results for identifying bottlenecks and correcting them. There is already a good collaboration between the government and the civil society in terms of sharing information about HIV services and reflecting together on efforts to address stigma and discrimination at the health facilities. PEPFAR Haiti will continue to provide its support to facilitate this collaboration.

The Haitian civil society is essential in the discussions to build and sustain transformative and lasting partnerships. In COP23, PEPFAR Haiti will continue its collaboration with key umbrella civil society organizations, including relevant members of the Forum of Civil Society Organizations on health and fight against HIV, TB and malaria, notably the Haitian Federation of PLHIV associations (FEDHAP+), Haitian Pediatric Association, Federation Protestante Haitienne, Scout, Religion pour la Paix, Federation of Vodoo Priests, Catholic Organization, the National Committee of Advocacy for the Key Populations in Haiti (CNPPCH), the Federation of Youth Organizations for Youth emancipation, the National Federation of women for human right equality (FEDOFEDH), faith-based organizations, and Community Observatory of HIV services (OCSEVIH or CLM), a mechanism of the Forum,, for increased inputs in details implementation aspects of HIV services, capacitation and integration of young leaders in the HIV response, as well as identification of other civil society organizations and private sector businesses.

PEPFAR Haiti funding to indigenous civil society organizations, as a strategy for maximizing the leadership of PLHIV- and KP-led community groups, will increase in COP23. Financial support will be complemented with capacity strengthening to ensure the effective and comprehensive role of civil society in contributing to an equitable and impactful HIV response.

To better support the management of common chronic co-morbidities among PLHIV, PEPFAR Haiti has engaged FHADIMAC and the Haitian College of Cardiology to provide expert insights on simple protocols to improve the management of respectively diabetes and hypertension for

PLHIV in Haiti. These protocols, once finalized and validated by MSPP will have a positive impact on the overall health of PLHIV with these chronic co-morbidities.

As a new partnership in COP23, PEPFAR Haiti will seek the engagement of the Haitian Rotary Club that counts several chapters with members in various professional fields, and that is often engaged in health efforts. PEPFAR Haiti and MSPP will also leverage their position to pursue a formal engagement of health-related professional bodies and organizations, such as: the Haitian Public Health Association (ASPHA), the Haitian Medical Association (AMH), the Haitian Association of Licensed Nurses (ANILH), the Haitian Association of Psychology (AHPsy), the Haitian Association of Social Workers (AHATRAS), Association of Licensed Medical Technologists of Haiti (ATMLH), state and private health science schools, among others, to provide additional inputs towards improving the HIV response and achieving equitable quality services for all in Haiti. PEPFAR Haiti will continue to support capacity building for a subset of CSO and will coordinate with multilateral partners to extend this support.

Multilateral Partners

The United States Government (USG) in Haiti holds a permanent seat within the Country Coordinating Mechanism (CCM) for the Global Fund. Furthermore, PEPFAR Haiti holds quarterly meetings with the GF to share financial and programmatic information on the HIV and HIV/TB response, and the strengthening of public health systems. Since COP22, the collaboration and complementarities of investments between PEPFAR Haiti and the GF has further increased, notably within the areas of procurement of HIV commodities.

PEPFAR Haiti will continue to participate in UNAIDS-coordinated meetings, including with other UN Agencies and other partners, as appropriate. There is currently good technical collaboration and information sharing between the government and the donor community regarding the HIV response. MSPP also holds regular “sectoral table” meetings with donors, including USG, to discuss priorities in health and resources needs.

In addition to the Global Fund, PEPFAR Haiti will further reinforce its existing strong collaboration with UNAIDS, and will expand its relationships with the World Bank, WHO/PAHO, and the French and Canadian governments, to maximize resources for the HIV response and the overall health system in Haiti. New in COP23, PEPFAR Haiti will work with UNAIDS to operationalize the partnership with the World Food Program (WFP) for the expansion of the provision of nutritional support to target specifically PLHIV systematically, as part of existing WFP targeting of vulnerable groups and populations and leverage other existing partner interventions, UN Agencies and others, including to address structural issues/stigma impact the overall health, and treatment of PLHIV, within Haiti

Private Sector

PEPFAR Haiti has not yet engaged meaningfully with the private business sector in Haiti, which may be a strategic partnership to ensure enhanced services with additional resources. MSPP has produced a document to help engage the private sector financially in the HIV response. The team will engage with various entities of the GoH on how best to harness the capabilities of the private sector.

The Haitian private sector could also play a critical role in last-mile delivery or through public-private pharmacy/lab/information system and supply chain models, which will be investigated for PEPFAR as well as GF interventions. A step towards this approach is the partnership with some private pharmacies and other entities to serve as DDPs to increase access to ART and other services. As part of their engagement, an agreement was reached with pharmacies serving as DDPs for them to provide selected other medications (for ex. HTA meds) at a lower cost for PLHIV clients who want to purchase them.

New in COP23, PEPFAR Haiti and MSPP will explore public-private partnerships by proposing to local businesses advertising space in TVs placed within health facilities in exchange of benefits for the health facilities depending on critical needs identified (structural renovations, additional non-HIV medicines and tests for patients, support for electricity at the facility, targeted food support, etc.). The offer will not be extended to ads for products with known negative health effects such as tobacco and alcohol products.

Also new in COP23, PEPFAR Haiti will seek the contribution of the local private sector to provide a reward package as part of positive reinforcement for maintenance of good health. PEPFAR Haiti, together with MSPP, will explore engagement of the two existing telephone companies in Haiti (NATCOM and DIGICEL) to the health sector with a special discounted started package for people with good health-seeking behaviors and outcomes, including regular clinical evaluations, treatment continuity, and viral suppression maintained for a specified period. To protect confidentiality, this offer will not be limited to HIV services beneficiaries, but will be extended to all clients of health facilities with a pre-determined quota per facility. A set of indicators will be established by MSPP and PEPFAR Haiti and will be known by the health professionals and by the patients to qualify them for the offer. They will then receive a voucher to receive their package from the telephone company. This sponsorship, if accepted by the telephone companies, could have a great impact on positive health behaviors, especially for adolescents and young adults. The positive reinforcement will also be extended to service providers.

In partnership with the private sector, the UN, MSPP, and other development partners, PEPFAR Haiti will incentivize service providers by focusing on metrics that relate to their direct responsibilities or aspects within their control such as complete reporting, on time opening of facilities, and friendliness to clients. PEPFAR Haiti will adopt a team-based goal setting approaching, tailored to the facility-specific improvement needs.

The team will continue to explore ways in which the private sector in Haiti could play innovative roles in the HIV epidemic control efforts to complement and augment those of the public health care sector and international donors.

Philanthropies and American Institutions

PEPFAR Haiti will continue to facilitate leveraging the expertise and capabilities of American academic institutions, and other US government global health and development programs to strengthen local capacity building. Some American academic institutions are already involved in the HIV response in Haiti as PEPFAR prime or sub-partners. Additionally, in COP23, PEPFAR Haiti will seek new partnerships with international philanthropies, such as the Bill & Melinda Gates Foundation, and the Elton John AIDS Foundation, and with the Haitian American diaspora such as Association of Haitian Physician living outside of Haiti (AMHE).

Pillar 5: Follow the Science

The investment of PEPFAR in the past 20 years allows the program to rely on a robust and comprehensive health information system. A large amount of program data is available to support informed decisions that can yield impactful interventions and innovations. To improve its effectiveness and efficiency, PEPFAR Haiti will be increasing its usage of behavioral science and implementation science to accelerate its pathway towards epidemic control by 2025. Increased investments in surveillance, research and evaluation and intensive data use will help the program to have a solid understanding of the epidemics and its evolution, especially in a security and sociopolitical crisis environment that could affect behaviors and the health system, thus reducing the capacity of the national HIV program to consolidate and build on the gains obtained in the previous years.

In COP23, PEPFAR Haiti will partner with the Global Fund and other key stakeholders to support the Government of Haiti to review, update and implement the national priorities for HIV surveillance and research, and consolidate them in a multi-year plan. To determine these surveillance and research priorities, the related technical working group will take advantage of the robust information system that has been developed over the years thanks to the support of PEPFAR Haiti. Recommendations from the studies/surveillance will be translated into program implementation.

From the behavioral science and implementation science perspective, PEPFAR Haiti will work with UNAIDS, the Global Fund, and other key stakeholders to regularly conduct some key surveys, including the Stigma Index as well as KP-focused and non-KP focused behavioral surveys and facilitating relevant extended analyses to guide programming choices. PEPFAR Haiti will ensure that its implementing partners integrate in their programs innovative and evidence-based strategies that will help to consolidate and sustain the gains made in an equitable, effective, and efficient manner, especially around key program areas such as prevention, as well as

socioeconomic support and adherence and retention. PEPFAR will continue to engage with US institutes, such as Georgetown University, to continue the implementation of the LISTEN methodology to help understand the client behavior and assist in predicting health outcomes.

In addition to implementation science, PEPFAR Haiti will also continue to invest in applied epidemiology and surveillance to strengthen public health systems and security investments. Results and findings from the HAPHIA survey are being used to inform estimates and programmatic planning. Additionally, secondary analyses will be conducted during COP23. This includes use of routinely collected service delivery program data to categorize patient health care seeking behaviors to prevent interruption of ART treatment as well as improve support to PLHIV for consistent adherence to treatment. These efforts have started in COP22 and will continue as we generate predictive statistical models that can be built on the electronic medical records as decision support alerts for the clinicians in proper management of PLHIV enrolled in the program to reduce interruption of ARV treatment rate.

Patients' medical records will be reviewed to detect the magnitude of chronic diseases such as hypertension and diabetes and pave the way for integrated care for PLHIV. Efforts will be made to ensure that the completeness of PLHIV patient files is optimum to support informed decision-making process at clinical and programmatic levels.

In COP22, PEPFAR is currently planning the introduction of the HIV recency testing to monitor the evolution of the epidemic, identify hotspots, and inform targeted and efficient interventions. Building on the FY23 startup activities for recency testing (guidelines, SOPs, site selection, training materials), PEPFAR Haiti will procure recency test kits in COP23 and roll out the surveillance plan. A scientific committee will be put in place to monitor the results obtained from the implementation of the recent infection surveillance and provide strategic and operational recommendations for routine HIV programming. PEPFAR Haiti, under the leadership of MSPP, will support the development of an ARV drug resistance surveillance program. Using COP23 resources, PEPFAR Haiti will build the capacity of the National Public Health Laboratory to effectively implement a drug resistance monitoring program. PEPFAR Haiti will engage other development partners to mobilize resources to procure the commodities for the monitoring of drug resistance. Moreover, PEPFAR Haiti will support the Government, alongside with key partners, to improve the routine collection of mortality data, to facilitate the establishment of a mortality surveillance system.

Strategic Enablers

Community Leadership

During COP23, PEPFAR Haiti will work with community leaders to promote a favorable environment for KP activities, leverage traditional leaders for community mobilization and education. PEPFAR Haiti will also engage women and mothers in faith-based organizations in

advocacy for the integration of pediatric HIV and OVC interventions in the communities and support mother/baby pairs follow-up. PEPFAR will continue to work with faith-based organizations at the community level to directly engage them in HIV prevention and care and treatment activities, particularly using church revivals and support groups. This will have a particular impact on tracking people who interrupted their treatment.

PEPFAR Haiti will focus on identifying and supporting youth-led organizations within our different activities and mechanisms (CLM, OVC/DREAMS activities, peer educators), seeking to empower youth, adolescents, and young adults, including via young HIV+ champions, and encourage their active involvement in their own holistic care. In collaboration with the PLHIV Association and the treatment facilities, PEPFAR Haiti will also identify young PLHIV leaders currently receiving services to capacitate them for the design of tailored activities to improve treatment continuity, adherence, and viral suppression among their peers. PEPFAR Haiti will also identify and support the promotion of KP-led activities including KP-led CSOs, aiming to strengthen their organizational development. Finally, though in the past, we have promoted PLHIV Associations, we will seek to reinforce the linkages between PLHIV associations, facilities, and communities to ensure strategic synergies when it comes to PLHIV care in the community.

With the explosion of social media, communities must be engaged using these platforms to reach as many individuals as possible. Thus, PEPFAR Haiti will support communication activities at the community level through influencers and community leaders at the local and national levels. Of particular importance is the development of men-focused communication campaigns specifically targeting young men on social platforms. PEPFAR Haiti will also ensure that community leaders and FBOs are engaged in social behavior change activities within their communities.

Finally, PEPFAR Haiti seeks to integrate services provided by ASCPs to strengthen the provision of HIV services, support pediatric and adolescent HIV case finding at the community level and integrate PMTCT to maternal health as well as strengthen the integration of community pediatric activities with routine nutrition and immunization services at the community level. PEPFAR Haiti will also engage ASCPs in TB prevention activities at the community level, for example, ensuring that HIV positive individuals are also enrolled in the TB program. PEPFAR Haiti will work with MSPP to formalize the large informal health workforce at the community level to ensure a complete HRH coverage for HIV services at the community level.

PEPFAR will also engage the community to establish a referral community network for Mental Health support to victims of violence towards AGYW/ABYM/key populations, enhance communication with SDPs and communities to ensure that supply chain services are responsive to local needs. The community strategies will leverage data entered in the national systems, but especially the TB tracker and newer OVC Case Management System.

Innovations

In COP23, PEPFAR Haiti will continue to cultivate an approach of continuous innovations, allowing constant re-adaptations to face external contextual challenges and to better serve people. Various “breakthrough” innovations made in recent past years will be reinforced and monitored, integrating solutions with the already existing HIV Information Systems and available digital technology. Additionally, COP23 will be the opportunity for both “incremental” and new “breakthrough” innovations for the benefit of the populations served.

Innovations to improve HIV Case Finding

Starting in COP22/FY23 and continuing in COP23, MSPP and PEPFAR Haiti will support the implementation of HIV Recency Testing.

Another major innovation for HIV case finding is going to be the effective utilization of polyvalent community health workers (ASCP) to strengthen case finding and prevention services. Haiti counts to 5,500 ASCP of which 80% are on the government payroll and 20% are paid for by the donors. PEPFAR Haiti program is going to leverage these ASCPs to improve the reach of children, adolescents, mothers, and men in their households and in organized community spaces, taking advantage of their community-based activities for MCH, immunization. PEPFAR Haiti will work with other donors to review the scope of work of these ASCP to incorporate HIV screening and referral for those eligible for testing to health facilities. These ASCP will also be leveraged for SBCC targeted at HIV negative so they could maintain their negative HIV status.

In COP23, PEPFAR Haiti will reinforce focus on population sub-groups such as MSM (HIV prevalence: 12.9%)², CSW (HIV prevalence: 8.7%)¹, and women (HIV prevalence: 2.3%)³, with higher HIV prevalence than the general population (HIV prevalence: 2%)², with targeted and tailored case-finding approaches. In COP23, the innovation will be to couple index testing and self-testing strategies, especially for sexual contacts of HIV-positive KPs and pregnant women. Additionally, in COP23, social networking strategies, used to test KP social contacts, will be redesigned and tailored more specifically to each KP sub-group, and to other priority groups, such as young women, who may benefit from this approach.

In COP23, PEPFAR Haiti will pursue the incremental shift towards a status neutral approach to HIV testing, with the test being an entry point for care and/or prevention services, based on people’s needs for both HIV positive and HIV negative individuals. We will continue to diligently link people with HIV positive tests to care and treatment, with appropriate psychosocial support, treatment literacy and secondary prevention messaging, to achieve and maintain HIV viral load (VL) suppression. We will target people with HIV negative tests, especially those at higher risk,

² IBBS 2014

³ DHS (EMMUS VI) 2016-2017

for prevention packages. Moreover, the program will improve case finding through supervised HIV self-testing for pregnant/breastfeeding women, partners, and their children.

Innovations to improve Prevention of HIV

HIV epidemic control is only reachable with a two-prong approach which considers preventing new HIV infections as an important pillar along with finding and linking PLHIV to continuous treatment. Tailored prevention packages will include options such as condoms, PrEP, and non-judgmental effective primary prevention messaging to help them stay HIV negative.

In COP23, we will scale up and make PrEP accessible in all 10 geographic and administrative departments. We will review and address barriers to PrEP accessibility and uptake. Importantly, PrEP will be a key tool in COP23 for at risk pregnant women and AGYW, along with key populations. Moreover, the country will expand demedicalized PrEP services and access to alternative PrEP packaging (smaller pill boxes, labels), with separate appropriate clinical and laboratory checks when needed. The program will further support telemedicine for PrEP service delivery.

We will also revamp and culturally adapt prevention messages with the help of peers of different community sub-groups to optimize reach and impact to those sub-populations. We will use social media increasingly for both prevention and treatment literacy messaging. Regular monitoring of seroconversion will allow early detection and linkage to HIV treatment when necessary.

Innovations to improve HIV drug Access

For PLHIV linked to treatment, access to effective ARV drugs is a necessity for them to survive and thrive. PEPFAR Haiti will strive to improve the flexibility in the delivery of medicines to PLHIV with differentiated models, including the convenient community drug delivery at home or at a specific variable point decided between the PLHIV and the health agent or peer. The Peer-Led Community ART Groups (PCAGs) for adherence will also allow peers to take turns in picking up ARVs for a small group of others who live in the same area and are part of the group.

We will continue to reinforce another drug delivery model that started 3 years ago, the Drug Dispensing Points (DDPs). In coordination and collaboration with GF, PEPFAR Haiti seeks to optimize selected DDPs, particularly those located at CSO and PLHIV associations, for treatment literacy services to clients and VL sample collection. GF will support the establishment of up to 30 new DDPs, including in the North department, using a standardized implementation model.

Additionally, for a few sites located in high insecurity areas, we reached agreement with several providers to use a private location to supply PLHIV clients living in the area. In COP23, we will measure and expand this innovative approach to other sites with services more severely impeded by insecurity.

New in COP22, and continuing in COP23, PEPFAR Haiti facilitated inter-sites collaboration, so that PLHIV can pick-up HIV drugs to another site, if it is impossible or inconvenient for them to reach their site or a DDP or benefit from community drug distribution.

We will scale up Haiti's Early Refill Strategy with integrated advance reminder calls and MMD, that started in FY22 and showed promising positive impact, to ensure that PLHIV have their medicines on hand without interruption.

Innovations to improve Health Outcomes of PLHIV on ART

Having the ARVs on hand is addressing only part of the comprehensive package that is needed to improve health outcomes of PLHIV active on ART. Treatment continuity and adherence must be ensured to achieve VL suppression.

A major incremental innovation in COP23 will be to expand socio-economic support measures that PEPFAR Haiti has started to experiment at a small scale with positive correlation with retention on ART. This aspect has become increasingly critical in the current chronic crisis context in Haiti, which mixes a crumbling economy, political instability, and high levels of insecurity, and which is seeing almost half of the population in "acute hunger" status⁴, and numerous people losing their capital due to insecurity and falling into poverty. The expansion and reinforcement of the socio-economic support will allow the program to start addressing key aspects of social determinants of health to protect the gains of the HIV response and avoid negative health outcomes for the patients, especially the most vulnerable populations.

Fifty-eight percent of known causes of deaths among PLHIV in FY22 were attributed to a disease or conditions linked to HIV, which imply that many of them could have been avoided, with proper adherence to ART and follow-up. We will continue to scale up innovative approaches started in the past two years to: engage PLHIV in decisions on their treatment, increase treatment and health literacy of PLHIV, and improve provider-patient relationship, as well as to reduce stigma and discrimination. This people-centered approach also includes reinforced psychosocial assessment and follow-ups in all PEPFAR sites, and targeted socio-economic support for vulnerable beneficiaries. To ensure availability of services on demand for all PLHIV, PEPFAR Haiti will work with PNLS to ensure that all patients have access to a psychologist and a social worker. All networks will have such capabilities. New this year and continuing in COP23, PLHIV served will be categorized based on risk for interruption in treatment and/or persistency of high viral load, to allow providers to deliver tailored packages with the goal of preventing these poor outcomes. Care coordinators will ensure that components of the packages are delivered.

New in COP23, PLHIV will be empowered to monitor their VL and CD4 results, with systematic communication of these results to clients, appropriate education to better understand the meaning of results, and frequent appointment reminders. This incremental innovation will

⁴ World Food Program, 2023 <https://www.wfp.org/countries/haiti>

progressively bring the PLHIV's engagement in their treatment to the next levels of partnering with health providers to improve their health. Broadly, this will be part of an integrated suite of activities to reduce the turnaround time.

A breakthrough innovation in COP23 will be the application of the person-centered approach to the way that sites manage and report cohorts of PLHIV. Moving away from the focus on sites with their own group of PLHIV to serve, COP23 will see the expansion of "roaming care" to all EMRs, allowing PLHIV to receive services at any site they choose, without duplication and wastage. Sites will be able to report their contributions to PLHIV who come for specific services, without necessarily enrolling them in their cohort and providing them with ART that they had already received elsewhere.

Rates of regular clinical evaluations are low among PLHIV on ART, with 35% of the active cohort not having any clinical evaluation during FY22, contributing to poor outcomes. Correspondingly, 53% of deaths among PLHIV were labeled as due to "unknown causes", likely because they happened in the community after long gaps in medical follow-up. PEPFAR Haiti strongly recommends following MSPP's guidelines requiring at least one clinical evaluation every 6 months. With restrictions put in place for COVID in 2020, followed by limitations due to the increasing security challenges in large parts of the country, PEPFAR Haiti has encouraged sites to maintain contact with beneficiaries remotely, through regular phone calls, in addition to contacts in the community whenever possible, but these calls and contacts are often made only by community health agents and the psychosocial team.

New in COP23, PEPFAR Haiti will support MSPP in developing and implementing a basic health screening tool to be used in the community by lay workers and peers, to ensure a linkage with clinicians by relaying these elements to them, and to alert both PLHIV and providers about a potential need for urgent medical intervention.

Another innovation in COP23 will be the incremental approach to remote patient monitoring, starting with phone calls and adding video calls whenever possible, to complement medical evaluations done in person at the facilities. For the remainder of COP22/FY23, PEPFAR Haiti will ask that clinicians (medical doctors and nurse practitioners) participate in regular phone checks with PLHIV, in addition to community health agents, social workers, and psychologists. Through transformative partnerships with the private sector, PEPFAR Haiti will accompany MSPP in providing patients with take-home devices to allow them to self-measure their weight, blood pressure, temperature, O2 saturation, and blood sugar, to report to their clinicians, further empowering them for a more effective remote patient monitoring.

As HIV status is only one part of PLHIV's health, we will place increased attention on helping clients detect and manage comorbidities and prevent avoidable deaths. TB remains a common co-infection with HIV, responsible for about 8% of known causes of deaths among PLHIV in FY22. We will reinforce systematic TB screening in COP23 with community health agents and peers

performing TB screening in the community, using a simple screening tool already in preparation, and collecting sputum specimen for GeneXpert testing.

Close to 20% of known causes of deaths among PLHIV in 2022 were linked to diseases and conditions not due to HIV. With 55% of active PLHIV in Haiti being 40 years and older, chronic co-morbidities, such as hypertension and diabetes, become important issues. PEPFAR Haiti will reinforce support for trainings and coaching to improve quality of clinical evaluations, and implementation of protocols in COP23, in collaboration with relevant professional entities and MSPP, for better management of hypertension and diabetes for PLHIV. Starting COP22/FY23 and continuing in COP23, PEPFAR-Haiti is also capacitating sites to provide support to most vulnerable PLHIV for the management of common co-morbidities. Furthermore, as an innovation in COP23, PEPFAR Haiti will expand this people-centered approach in collaboration with MSPP, to develop pathways, through various partnerships, to complement and fill gaps in HIV/AIDS service delivery, including the detection and management of co-morbidities, while ensuring access and affordability for PLHIV.

New in COP23, PEPFAR Haiti and MSPP will seek a partnership with the private sector to develop a breakthrough reward system, rewarding both providers and patients, for maintaining patients healthy, which will incentivize positive messages around nutrition, physical activity, and other contributors to good health outcomes. This partnership, if achieved, would have a great impact on positive health behaviors.

All the innovations mentioned above will be supported by continued cross-cutting investments in key public health systems and with a financing model leveraging support from all donors and public-private partnerships to maximize impact and reward positive results.

Leading with Data

The vision is to strengthen and leverage the national digital health ecosystem and advance the use of national, integrated, longitudinal individual-level data repositories to operate seamlessly in times of prolonged crisis, and that allows:

- Uniquely identified patients to receive their care continuously, regardless of settings and locations
- Providers to have access to real-time patient-level data and collect data in point-of-care and work collaboratively in-person or remotely across disciplines.
- Sites to enter Peer-to Peer relationship and share resources and patients to circumvent frequent blockade to services caused by permanent socio- political turmoil.
- MSPP and other stakeholders to have in flight data, aligned between all platforms to support monitoring, surveillance, and decision making.
- The overall program to meet the challenge of controlling the epidemic through interventions that can be targeted and monitored in real time.

To implement the vision, the program will pursue the following strategies.

- Upgrading existing platforms and migrating when necessary to facilitate standardization and make faster iteration, more-flexible software development processes, robust community-driven support, ensuring compliance with data governance standards.
- Pursuing undergoing efforts for specification and creation of a Data Exchange Layer.
- Deepening integration of HIV data and supported system to the larger HMIS beyond the support already provided to COVID and the National Surveillance System for all mandatory notifiable diseases, which is in the process of shifting from aggregate to individual data like HIV. The update of the national EMR will continue to be compliant to ICD standards and will be expanded to other services to allow the country to have manageable patient level data beyond HIV.
- Optimizing the use of data available in country through expansion of the national dashboard (RADAR), data analytics and learning machine to all key aspects of the HIV program as well as other public health areas. In addition, we will upgrade the HealthQual/CQI platform to facilitate the integration of existing analysis from other data sources within the implementation of improvement strategies.

Target Tables

TARGET TABLE 1: ART TARGETS BY PRIORITIZATION FOR EPIDEMIC CONTROL							
PRIORITIZATION AREA	TOTAL PLHIV (FY23)	NEW INFECTIONS (FY23)	EXPECTED CURRENT ON ART (FY23)	CURRENT ON ART TARGET (FY24) TX_CURR	NEWLY INITIATED TARGET (FY24) TX_NEW	ART COVERAGE (FY24)	ART COVERAGE (FY25)
ATTAINED	3,705	146	2,486	2,904	636	78%	
SCALE-UP SATURATION	79158	2,775	78,188	75,717	4,154	96%	
SCALE-UP AGGRESSIVE	57,378	2,281	52,255	56,774	3,492	99%	
SUSTAINED							
CENTRAL SUPPORT							
COMMODITIES (IF NOT INCLUDED IN PREVIOUS CATEGORIES)							
NO PRIORITIZATION							
TOTAL	140,241	5,202	132,929	135,395	8,282	96.5%	

TARGET TABLE 2: TARGET POPULATIONS FOR PREVENTION INTERVENTIONS TO FACILITATE EPIDEMIC CONTROL						
TARGET POPULATIONS	POPULATION SIZE ESTIMATE* (SNUs)	AGE	DISEASE BURDEN*	TOTAL AGYW_PREV (FY23 TARGETS)	STARTED OR COMPLETED ANY DREAMS SERVICE (FY24)	COMPLETED AT LEAST PRIMARY PACKAGE (FY24)
DESSALINES		10-14		2,173	3,561	2,661
DESSALINES		15-19		1,829	2,880	2,267
DESSALINES		20-24		857	979	825
DESSALINES		25-29				

TARGET POPULATIONS	POPULATION SIZE ESTIMATE* (SNUs)	AGE	DISEASE BURDEN*	TOTAL AGYW_PREV (FY23 TARGETS)	STARTED OR COMPLETED ANY DREAMS SERVICE (FY24)	COMPLETED AT LEAST PRIMARY PACKAGE (FY24)
SAINT-MARC		10-14		3,239	3,174	2,693
SAINT-MARC		15-19		3,477	4,944	4,394
SAINT-MARC		20-24		1,053	1860	1,524
SAINT-MARC		25-29				
CAP-HAÏTIEN		10-14		1,831	1,168	1,037
CAP-HAÏTIEN		15-19		2,533	1,122	993
CAP-HAÏTIEN		20-24		987	515	471
CAP-HAÏTIEN		25-29				
PORT-AU-PRINCE		10-14		6,625	5,313	4,415
PORT-AU-PRINCE		15-19		6,016	5,836	4,811
PORT-AU-PRINCE		20-24		2,338	3,902	2,866
PORT-AU-PRINCE		25-29			65	39
TOTAL				32,958	35,319	28,996

TARGET TABLE 3: TARGETS FOR OVC AND LINKAGES TO HIV SERVICES					
SNU	ESTIMATED # OF ORPHANS AND VULNERABLE CHILDREN	TARGET # OF ACTIVE OVC OVC_SERV COMPREHENSIVE	TARGET # OF OVC OVC_SERV PREVENTATIVE	TARGET # OF ACTIVE OVC OVC_SERV DREAMS	TARGET # OF ACTIVE BENEFICIARIES RECEIVING SUPPORT FROM PEPFAR OVC PROGRAMS WHOSE HIV STATUS IS KNOWN IN PROGRAM FILES OVC_HIVSTAT
ARTIBONITE		25,410	1,009	5,574	18,103
CENTRE		4,011	1,413	0	2,640
GRANDE-ANSE		3,389	0	0	2,948
NIPPES		2,190	0	0	1,668
NORD		15,634	608	3,261	11,745
NORD-EST		5,286	0	0	4,249
NORD-OUEST		10,074	338	0	7,157
OUEST		26,416	1,202	8,077	19,749
SUD		10,209	308	0	8,196
SUD-EST		1,451	0	0	1,147
FY24 TOTAL		10,4070	4,878	16,912	77,602

Core Standards

The core standards include:

- 1. Offer safe and ethical index testing to all eligible people and expand access to self-testing.**

PEPFAR Haiti in coordination with the MSPP has already developed policies integrating index testing and continues to reinforce targeted testing approaches with the implementing partners to improve yield, focusing testing efforts based on modalities since 2019 (national policy). All sites have received training on index testing based on PNLs guidelines. Several approaches for testing contacts such as client-referral, provider referral, contract referral and dual referral are being used in the country, but with the current social-political-economical context, the stakeholders continue to develop interventions to track partners reached through index testing that did not go to the referred facilities. PEPFAR Haiti continues to intensify strategies for safe and ethical index testing services for both KP and non-KP populations.

2. Fully implement “test-and-start” policies.

The Test and Start policy has been fully implemented in Haiti for several years. The PEPFAR Haiti team continues to work closely with implementing partners and sites to continue the linkage to care of newly diagnosed clients to treatment, and to provide multi-month supplies of drugs to patients at enrollment while also ensuring that all facilities meet the WHO’s 5 C minimum standards. Despite challenges, with PEPFAR support, Haiti ensured 83% of enrollment of new clients through successful case-finding interventions coupled with optimized linkage to treatment such as an easy start “red carpet” model to streamline enrollment process at sites. The roll out of targeted testing approaches helps with the active tracking of the remaining patients not yet enrolled with an enhanced psychosocial counseling to better link them to treatment.

3. Directly and immediately offer HIV-prevention services to people at higher risk.

Several strategies are implemented to prevent HIV in Haiti, particularly among key populations at higher risk. Firstly, mobile outreach units continue travel, whenever possible, depending on the security situation and fuel availability, to remote or underserved areas with higher HIV prevalence rates to provide HIV testing, counseling, condom distribution, and pre-exposure prophylaxis (PrEP) services directly to sex workers, men who have sex with men (MSM), and transgender individuals. Secondly, local CBOs that have established trust with key populations deliver HIV-prevention services, including outreach, education, condom distribution, and linkage to HIV testing. Thirdly, HIV-prevention services are integrated into existing healthcare facilities, such as health centers/hospitals and antenatal care clinics, provide testing, PMTCT, and PrEP services directly to individuals at higher risk, including pregnant women and their partners. To further prevention services in COP23, we will extend PrEP services to more health facilities and community centers; peer education programs can be implemented to train and empower peers from key populations to serve as educators and advocates for HIV prevention. Additionally, mass media campaigns, utilizing radio, television, and social media, will raise awareness about HIV prevention, testing, and PrEP services among the general population in Haiti using culturally appropriate messages, images, and languages.

4. Provide orphans and vulnerable children (OVC) and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes.

Our interventions for orphans and vulnerable children (OVC) to prevent HIV transmission and promote overall well-being must include a comprehensive case management approach that addresses their specific needs, including access to healthcare, education, nutrition, shelter, and psychosocial support. Economic empowerment programs, such as income-generating activities and vocational training, should aim at reducing economic barriers to HIV prevention and treatment services. Psychosocial support, including counseling and mental health services, should help reduce stigma and increase resilience. Our sexual violence prevention interventions, including comprehensive sexuality education and gender-based violence prevention programs,

must empower young adolescents aged 10-14 with knowledge and skills to protect themselves from HIV transmission. Age-appropriate HIV education tailored to cultural context will address misconceptions and promote healthy relationships. Community-based programs involving families, caregivers, and community members will create a supportive environment for HIV prevention. Strengthening referral systems between sectors like health, education, and justice will ensure seamless access to services. Monitoring and evaluation systems can measure impact and inform evidence-based programming for improved outcomes.

PEPFAR Haiti will also target HEI for increased enrollment in the OVC program and using case management approach to ensure 2-month EID testing, enhanced package of services to address their unique developmental vulnerabilities and ensure final outcome HIV testing and reporting at 18-24 months.

5. Ensure HIV services at PEPFAR-supported sites are free to the public.

The access to HIV related services continues to be free of cost at all PEPFAR sites and it has been free in Haiti since the beginning of PEPFAR implementation more than 20 years ago. However, CLM shows that transportation costs, lack of money for food, and user fees for non-HIV services remain a significant barrier to accessing healthcare. A critical GoH-CSO-PEPFAR alignment could help with continuity of the implementation of free service for the clients. The complementarity of interventions and investments between GoH, Civil Society, PEPFAR, GF, UNAIDS, and other partners in the private sectors could reinforce the strategy of free access to quality holistic care for the clients.

PEPFAR will work with MSPP to ensure that all PLHIV are able to access comprehensive healthcare services without user fees, including clinician consults, screening and treatment of cervical cancer, medications for opportunistic infections and sexually transmitted infections, and annual exams. On a case-by-case basis, and in partnership with other actors in the HIV response, PEPFAR Haiti may consider reimbursement of travel expenses, while being cognizant of the risk this presents to the quality of the program, including the potential abuse of the service. Alternative approaches will be discussed with stakeholders. Through GF, community drug distribution points will be scaled up to bring integrated services closer to the people. In partnership with UNAIDS and WFP, PEPFAR Haiti will advocate for PLHIV-sensitive beneficiary selection processes in food aid and livelihoods programs, without increasing stigma and discrimination.

6. Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity.

Together with MSPP, PEPFAR Haiti has implemented a set of measures to monitor and prevent stigma and discrimination against patients in health facilities and will continue to work to better these mechanisms in COP23/24. When the country has legislators in place, MSPP will conduct HIV education and sensitization sessions with them, and draft text for law protecting human rights in healthcare seeking. In addition, PEPFAR Haiti will continue its contribution, in alignment with other partners working in this domain, in the sensitization of law enforcement officials,

including the Haitian National Police, about the rights of PLHIV and KP to ensure they have access to supportive, respectful, and appropriate health services, including for GBV.

7. Optimize and standardize ART regimens.

PEPFAR Haiti will ensure high-quality HIV services with appropriate clinical evaluations and psychosocial support, optimized treatment regimen, and enhanced monitoring of treatment success. MSPP, PEPFAR Haiti and the GF, are committed to providing quality care and treatment services to people living with HIV, notably by ensuring that patients receive optimal ARV regimens. ARV optimization, that is already completed in Haiti, includes TLD as the preferred regimen for adults and children weighing 20 kg or more, while children under 20 kg are treated under current WHO guidelines, with notably the introduction of pediatric DTG (DTG-10).

8. Offer differentiated service delivery models.

PEPFAR Haiti puts a strong emphasis on preserving a wide range of differentiated service delivery models for PLHIV, to simplify HIV care, overcome contextual challenges, and improve treatment outcomes. This includes: maintaining multi-month dispensing (MMD) for eligible people on antiretroviral therapy (ART); decentralized drug distribution (DDD) models, bringing HIV medications closer to patients through community-based distribution points, satellite pharmacies, and mobile clinics; community-based drug delivery at home or at variable points in the community selected by PLHIV and ASCP/Peer; distribution within a peer-led community adherence group (PCAG); weekend and/or extended clinic hours at sites; site networking to support patients who cannot reach their site in period of intensified crisis in their area; community centers; alternative private locations co-opted, etc. Tailored service delivery packages and models are needed to address the unique needs of different demographic and risk groups, such as adolescents, pregnant and breastfeeding women, key populations, and those with comorbidities. PEPFAR Haiti will continue to invest in strengthening national public health systems, including capacity-building, policy development, coordination, among others, and will continue supporting community engagement, with the goal of progressively advancing the integration of HIV services within the national health systems and services for improved sustainability.

9. Integrate tuberculosis (TB) care.

The existing policy is to routinely screen all people living with HIV for TB disease, and all people with TB for HIV. While the HIV test is done for people with TB at satisfying levels, there are some gaps remaining in the regular screening of PLHIV for TB. Standardized symptom screen alone is not sufficient for TB screening among people living with HIV and should be complemented with more-sensitive and setting-specific, WHO-recommended screening tools. PEPFAR Haiti will ensure that all people living with HIV are screened for TB every six months, and those who screen positive will receive molecular WHO-recommended diagnostic and drug susceptibility testing, all those diagnosed with TB disease complete appropriate TB treatment, and all those who screen negative for TB complete TB Preventive Treatment. In alignment with Global Fund activities, we

will reinforce TB screening in the community with community health workers and peers using a symptom-based screening tool currently being developed and collecting sputum specimen to bring back for GeneXpert testing. The strengthening of community prevention activities through engagement of religious leaders, community leaders, civil society organization, existing youth organization as well as an enhanced implication of ASCP in TB prevention activities could reinforce contact tracing at the community level, in both PEPFAR and Global Fund interventions.

10. Diagnose and treat people with advanced HIV disease (AHD).

We will evaluate all people newly enrolled in treatment, returning to care after an interruption of ≥ 1 year, or virally unsuppressed for ≥ 1 year for AHD (Advanced HIV Diseases) and measure CD4 T cells. All children <5 years' old who are not stable on effective ART are considered to have advanced HIV disease. We will offer the WHO-recommended and PEPFAR-adopted package of diagnostics and treatment to all individuals with advanced disease. For children <5 with AHD, PEPFAR Haiti will leverage the OVC package of services to address the holistic needs of these children and their families.

11. Optimize diagnostic networks for VL/EID, TB, and other coinfections.

In Coordination with other Donors and National TB Programs, we will complete diagnostic network optimization (DNO) and transition to integrated diagnostics and multiplex testing to address multiple diseases. The program through LNSP leadership will ensure 100% EID and VL testing coverage and return of results within the agreed and stipulated period of turn-around time.

12. Integrate effective quality assurance (QA) and continuous quality improvement (CQI) practices into site and program management.

Haiti will maintain its focus on reinforcing the quality assurance (QA) and continuous quality improvement (CQI) in PEPFAR-supported programs at site and community level. We will conduct regular assessments of program and site standards to ensure compliance with QA/CQI practices, will use findings to identify areas for improvement, and develop corrective action plans. Haiti's CQI approach for health uses the HealthQual methodology, supported by PEPFAR, under the leadership of MSPP. We will capacitate Departmental Health Directorates to lead regional CQI activities. Monitoring and evaluation (M&E) systems will be reinforced to track the implementation of QA/CQI practices, and efforts will be made to align these practices with national policies and guidelines through collaborative efforts with MSPP and other stakeholders. In FY23, PEPFAR Haiti will start the implementation of CQI collaborative activities in targeted geographic areas, which will integrate CSO members and PLHIV beneficiaries in the process of quality improvement of HIV services for sites in their area. PEPFAR will continue to support MSPP to conduct regular program and site standards assessments through routine site visits and audits, and the use of M&E systems for data collection, analysis, and reporting on QA/CQI indicators. Alignment with national policies and guidelines will be emphasized, and regular review sessions

and updates of program and site management practices will be conducted to ensure consistency with national standards.

13. Offer treatment and viral-load literacy.

We will offer activities that help people understand the facts about HIV infection, treatment, and viral load. Our Undetectable=Untransmittable (U=U) messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment will reach the general population and health care providers.

14. Enhance local capacity for a sustainable HIV response.

There should be progress by 2025 toward program leadership by local organizations, including governments, public health institutions, NGOs, Private Sectors organizations. Programs should advance direct funding of local partners and increase funding of organizations led by members of affected communities, including KP-led, women-led and Youth led organizations.

15. Increase partner government leadership.

Strengthening Political Commitment: together with other key HIV stakeholders, PEPFAR Haiti will support MSPP to prioritize the HIV response in the national agenda to demonstrate a strong political commitment to ending HIV/AIDS as a public health threat by 2030, in line with the Global AIDS Strategy targets as well as Sustainable Development Goals. MSPP has put together a document to advocate for increased domestic funding of the response and has obtained the inclusion of a budget line for the HIV, TB, and Malaria response, within the overall government's budget. To ensure greater sustainability and ownership, MSPP needs to engage higher level government officials, such as, the Prime Minister office, other Ministries, such as the Ministry of Finance and the Ministry of Planification, to champion the cause and ensure that HIV remains a top priority for the country.

Building Program Capacities and Capabilities: PEPFAR Haiti will support MSPP in building their capacities and capabilities to effectively manage all aspects of the HIV response. This will include strengthening their health systems, improving data collection and management, enhancing monitoring and evaluation systems, and building the capacity of healthcare workers to provide comprehensive HIV services. By developing a skilled and knowledgeable workforce, MSPP and PNLS can ensure that the HIV response is well-coordinated and sustainable.

Financial Planning and Expenditure: In addition to the HIV expenditure reports, and the health expenditure reports that are regularly conducted by MSPP, the country needs to have effective financial planning and expenditure mechanisms in place to ensure the sustainability of the HIV response. This includes developing and implementing robust financial management systems, increasing domestic funding for HIV programs, and effectively utilizing available resources, including funds from PEPFAR and other international partners. PEPFAR will work with MSPP to explore further innovative financing mechanisms, such as public-private partnerships and social health insurance, to mobilize additional resources for the HIV response.

Promoting Coordination and Collaboration: A sustainable HIV response requires coordination and collaboration among different stakeholders, including partner governments, civil society organizations, community-based organizations, and international partners. MSPP leads quarterly HIV Monitoring Board meetings involving representatives from PEPFAR, the GF, UNAIDS, the CLM and the PLVIH Federation. PEPFAR will work with MSPP to foster an enabling environment that promotes coordination and collaboration among these stakeholders to ensure a holistic and integrated approach to the HIV response. This includes establishing multi-sectoral coordination mechanisms, strengthening partnerships between government and non-governmental entities, and engaging communities and key populations in the decision-making processes.

16. Monitor morbidity and mortality outcome.

Haiti will maintain its focus on the integrated morbidity and mortality surveillance systems aligned with national policies and systems for people living with HIV and utilizing the collected data for program improvement. This will involve leveraging existing national health information systems and data collection platforms to extract data on a wide range of diseases, conditions, and causes of death, including infectious and non-infectious causes of morbidity and mortality. We will review data regularly collected to identify patterns, trends, and gaps in HIV programs and public health response, and use it to inform programmatic decision-making, and targeted interventions. PEPFAR Haiti will strengthen capacities for data quality and use will be strengthened at all levels of the health system through trainings, data quality assurance mechanisms and promoting a culture of data use for continuous quality improvement. Disaggregation of data by relevant variables such as age, sex, key populations, and geographical location is important for identifying subpopulations at higher risk and tailoring interventions accordingly. Overall, the emphasis is on utilizing data on both infectious and non-infectious causes of morbidity and mortality among PLHIV to improve national HIV programs and public health response, while ensuring data quality and capacity building at all levels of the health system.

17. Adopt and institutionalize best practices for public health case surveillance.

Haiti has in place a longitudinal case-based surveillance system (SALVH), which coupled the biometric coding serving as unique identifier, allow the true deduplication process within the country. Furthermore, the extension of roaming care to all three EMRs in use in COP23, will allow the seamless and secure transfer of records between sites so that people can be correctly served across all sites of their choice without duplication and wastage. PEPFAR Haiti will support capacity building for site-level and central level data reporting officers and data managers, as well as health providers to improve data accuracy and use of country-led data systems that can be leveraged for other health areas, as it has been in the past for disease surveillance and for COVID-19.

We will put in place transfer/deduplication processes and a secure person-based record for all people served across all sites. We will also put in place unique identifiers, and will establish a plan

and firm, an agreed-upon timeline for scale-up to completion together with national authorities. Target setting for national commodity forecasting, quantification, and supply planning, will take into consideration a realistic national transition towards the effective management of patients collecting double treatment from different sites, so that ARV and other key supply will safely cover needs during this transition period. Through the different existing interventions such as in-training curricula, PEPFAR Haiti will continue to capacitate an enduring cadre of public health leadership, skilled programmers, and a health care workforce to strengthen country-led data systems that can be adapted to other health areas.

Noting that a key driver of doctor shopping and transfers between sites is the lack of standardized services in each site, PEPFAR Haiti will work with MSPP to ensure that all PLHIV-serving, PEPFAR-supported sites offer the full suite of healthcare services. In COP23, PEPFAR Haiti will phase out the practice of having sites that only deliver ARVs. Where specific services are not available, PEPFAR Haiti will develop a referral system to allow patients to receive the care they need.

USG Operations and Staffing Plan to Achieve Stated Goals

To meet the above-mentioned goals and results, the PEPFAR interagency team organized a brainstorming session to assess whether the current PEPFAR staffing matrix and organization is effective, efficient, and adequate for the optimal implementation of the initiative in Haiti. The analysis also took into consideration the country's current security and socio-economic and political context, as well as the new PEPFAR directives which encourage, if not recommend, the new adaptation or reimagination of PEPFAR toward the stated achievement goals and objectives of 95-95-95 by 2025. The following findings and strategies emerged from this analysis:

Interagency Organizational Structure and Staffing Footprints

The PEPFAR interagency team is being coordinated by the PEPFAR coordination office and is organized into technical working groups for each program area. These groups meet occasionally to assess program performance and to conduct technical meetings with the MSPP and other technical partners. However, these interactions have become somewhat suboptimal because of the current generalized insecurity throughout the country and the too often generalized civil society disruptions that threaten the safety of regular citizens and handicap movements throughout the country. This often results in limited number of staff from each agency able to attend or participate in these meetings.

CDC has currently 11 vacancies with the most critical needs being in technical areas such as the clinical and laboratory branches. Several of these vacant positions have been advertised multiples times with no suitable candidates retained for these positions. USAID has currently seven in SIE, supply chain, locally led development, and program management, including one international position.

The PEPFAR team would like to request that new incentives be adapted for staff retention and recruitment, and flexible work schedule, such as a telework model be introduced to allow the team to address the new strategic orientation of the PEPFAR program. It will be imperative that the staff of PEPFAR Haiti reimagines itself and adapt to new work strategies that are consistent with the current complex implementing environment in the country.

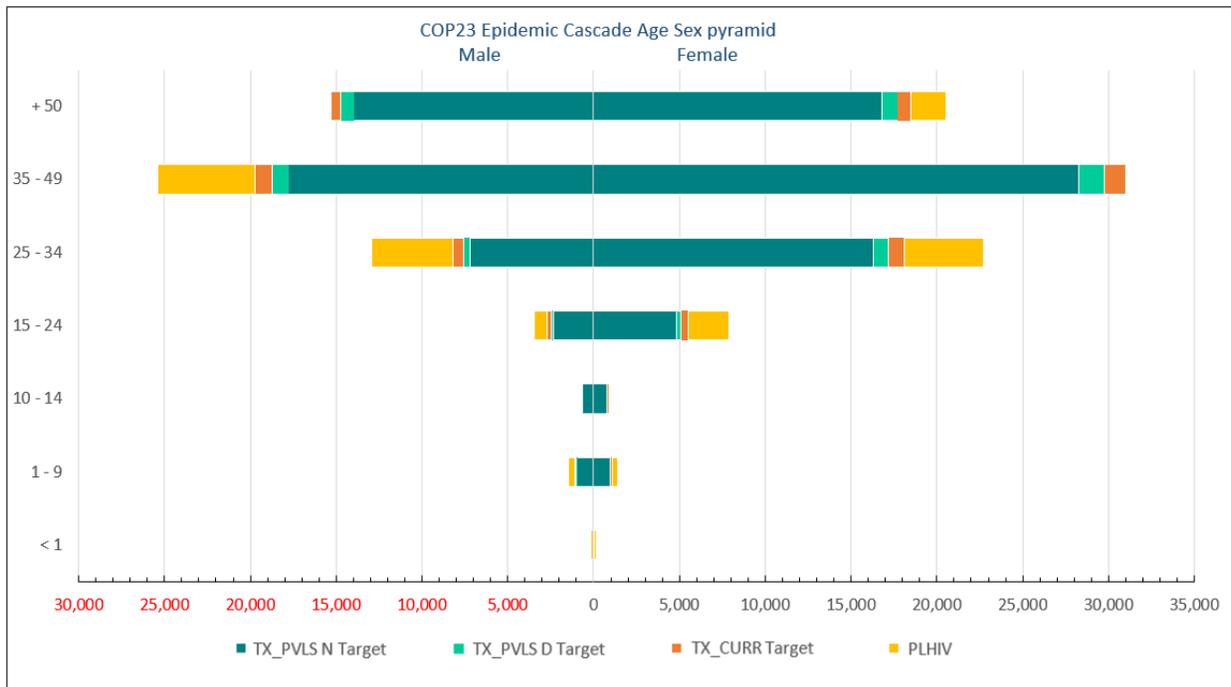
Cost Of Doing Business (CODB):

The PEPFAR-Haiti program has recorded a 12% increase in the CODB as compared to COP22 due mainly to non-ICASS motor vehicles (250%), capital security cost sharing (35%), ICASS (10%), and salary and benefits for local staff (9%). PEPFAR will work with its partners and the GoH in COP23 to ensure equitable and appropriate compensation for staff.

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APPENDIX A -- PRIORITIZATION

Figure A.1: Epidemic Cascade Age/Sex Pyramid



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APPENDIX B

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

Interventions	COP 2022	COP 2023	COP 2024
PM	\$19,308,956	\$24,190,707	\$24,267,018
IM Closeout costs		\$1,315,825	\$1,309,182
IM Program Management	\$11,893,332	\$14,271,140	\$14,422,459
USG Program Management	\$7,415,624	\$8,603,742	\$8,535,377
ASP	\$7,625,454	\$7,312,051	\$7,261,028
Health Management Information Systems (HMIS)		\$2,101,878	\$2,052,433
Human resources for health	\$275,000	\$550,000	\$550,000
Laboratory systems strengthening	\$1,707,240	\$1,594,500	\$1,594,500
Laws, regulations & policy environment	\$100,000	\$100,000	\$100,000
Management of Disease Control Programs		\$1,398,800	\$1,398,800
Not Disaggregated	\$50,000		
Procurement & supply chain management	\$1,392,597	\$1,566,873	\$1,565,295
HMIS, surveillance, & research	\$2,701,817		
Policy, planning, coordination & management of disease control programs	\$1,398,800		
C&T	\$57,334,983	\$57,544,037	\$57,781,472
HIV Clinical Services	\$35,410,922	\$42,335,927	\$42,244,371
HIV Drugs	\$7,898,413	\$8,759,611	\$9,048,602
HIV Laboratory Services	\$4,555,723	\$6,278,499	\$6,278,499
HIV/TB		\$170,000	\$210,000
Not Disaggregated	\$9,469,925		
HTS	\$3,546,454	\$4,023,195	\$4,013,765
Community-based testing	\$130,000	\$167,503	\$166,396
Facility-based testing	\$1,196,807	\$3,855,692	\$3,847,369
Not Disaggregated	\$2,219,647		
PREV	\$8,301,271	\$8,381,749	\$7,664,137
Condom & Lubricant Programming	\$800,000	\$800,000	\$800,000
Non-Biomedical HIV Prevention		\$2,754,089	\$2,744,790
Not Disaggregated	\$2,627,429	\$3,421,930	\$2,915,095
PrEP	\$2,184,309	\$1,405,730	\$1,204,252
Comm. mobilization, behavior & norms change	\$2,689,533		
SE	\$10,902,882	\$11,136,626	\$11,032,580
Case Management	\$1,164,205	\$3,020,360	\$2,981,644
Economic strengthening	\$1,054,000	\$2,557,010	\$2,557,010
Education assistance	\$1,260,437	\$2,463,206	\$2,438,828
Food and nutrition		\$130,658	\$130,658

Interventions	COP 2022	COP 2023	COP 2024
Not Disaggregated	\$4,738,848		
Psychosocial support	\$2,685,392	\$2,965,392	\$2,924,440
Grand Total	\$107,020,000	\$112,588,365	\$112,020,000

Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Program Area	COP 2022	COP 23/FY 24	COP 23/FY 25
PM	\$19,308,956	\$24,190,707	\$24,267,018
ASP	\$7,625,454	\$7,312,051	\$7,261,028
C&T	\$57,334,983	\$57,544,037	\$57,781,472
HTS	\$3,546,454	\$4,023,195	\$4,013,765
PREV	\$8,301,271	\$8,381,749	\$7,664,137
SE	\$10,902,882	\$11,136,626	\$11,032,580
Grand Total	\$107,020,000	\$112,588,365	\$112,020,000

Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

Beneficiary Group	COP 2022	COP 23/FY 24	COP 23/FY 25
AGYW	\$2,625,336	\$3,879,183	\$3,339,716
Children	\$1,980,389	\$2,805,568	\$3,254,003
Key Populations	\$6,742,698	\$7,059,860	\$6,975,069
Non-Targeted Populations	\$86,935,371	\$89,860,607	\$89,532,489
OVC	\$8,017,842	\$7,986,831	\$7,922,607
Pregnant & Breastfeeding Women	\$718,364	\$996,316	\$996,116
Grand Total	\$107,020,000	\$112,588,365	\$112,020,000

Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative

Initiative Category	COP 2022	COP 2023	COP 2024
Community-Led Monitoring	\$350,000	\$500,000	\$500,000
Condoms (GHP-USAID Central Funding)	\$800,000	\$800,000	\$800,000
Core Program	\$95,452,633	\$103,247,121	\$103,268,489
DREAMS	\$3,810,967	\$3,949,983	\$3,923,511
LIFT UP Equity Initiative		\$500,000	\$0
OVC (Non-DREAMS)	\$6,606,400	\$3,591,261	\$3,528,000
Grand Total	\$107,020,000	\$112,588,365	\$112,020,000

B.2 Resource Projections

According to COP23 Guidance and the COP23 Planning Level Letter (PLL), PEPFAR-Haiti used an incremental budgeting process to complete the COP23 Funding Allocation Strategy Tool (FAST), while respecting all earmarks prescribed by the PLL. The team leveraged prior-year COP2022 budgets, expenditures, work plan budgets, contextual considerations, and needs for strategies' implementation to make incremental adjustments to determine allocations across each implementing partner. Adjustments were also made according to the country's HIV investment profile and other collaborating donors' contribution, including the Haitian Government, the Global Fund, and the World Bank. Alignment of resources was key to maximizing opportunities for efficiency. The cost of doing business for all agencies was factored in based on cost analysis and projected needs.

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APPENDIX C – Above site and Systems Investments from PASIT and SRE

PEPFAR-Haiti will continue to invest in strengthening Haiti's public health systems, which are required to sustain long-term HIV gains' impact, and will further contribute to enhance global health security by reinforcing local capacity for preparedness and response to other diseases and outbreaks. Building on previous COP systems interventions, and situational analysis, appropriate interventions have been identified to address outstanding programmatic gaps and barriers and fast-track attainment of epidemic control. The activities outlined in the PASIT tool respond to the critical elements of SID 4.0 elements for Haiti and are considered key gaps in the current health system that affect the achievement of sustained epidemic control. Systems investments are analyzed considering past strategic shifts and previously identified barriers to epidemic control.

Gaps in management of disease programs: MSPP's limited financial resources and need of technical support to develop policies, guidelines, SOPs, training materials, and serve as technical lead to HIV service delivery and healthcare systems in Haiti.

i) In COP23, PEPFAR Haiti will continue to provide support to MSPP entities, including among others, PNLS/UCMIT, and departmental health directorates, to plan, coordinate and manage the HIV program and the delivery of HIV services.

ii) PEPFAR Haiti will continue supporting technical assistance for MSPP, implementing partners and sites with a particular focus, in COP23, on continuous quality improvement and quality assurance. The HealthQual principles will be adapted and implemented to differentiate service delivery models, particularly community-based approaches, to ensure quality standards in client-centered approaches.

Gaps in civil society's engagement in the improvement of HIV services.

In COP23, PEPFAR Haiti will continue efforts started in COP22/FY23 to help improve the civil society engagement by expanding CQI Community of Practice to include CSO and service beneficiaries in the form of regional CQI collaborative activities. The CQI collaborative activities will foster exchanges and cross-fertilization between sites staff, beneficiaries, and civil society in specific areas on common challenges and will stimulate CQI culture, approaches, and use of CQI tools, while allowing the systematic involvement of CSO members and direct PLHIV beneficiaries, in decision making for quality improvement of HIV services, along with HIV sites in a region.

In addition, PEPFAR Haiti will leverage the CLM program to conduct data-driven advocacy towards the government and key stakeholders on the quality of HIV services at health facilities and community settings for key and priority populations as well as for the general population. An investment will be made by PEPFAR Haiti to support these CSOs with their organizational development and their technical capacity for CLM.

Gap in standard procedures to monitor and ensure respect of human rights in health institutions offering HIV services.

PEPFAR Haiti will continue to support and work with the CLM implementer to monitor, advocate for a stigma-free environment and respect for human rights in health institutions. PEPFAR support will also allow MSPP to dedicate specific resources to monitor respect of rights of PLHIV in health facilities and ensure services are provided free of discrimination. In COP23, PNLs will ensure that patients' bill of rights is visible at HIV sites and that suggestion boxes are visible.

Gaps in HRH: Limited availability of skilled workers for efficient task sharing.

i) *Qualified human resources for HIV and Task-sharing to better serve clients.* In COP23, PEPFAR Haiti will continue to support the implementation of task sharing training for nurse practitioners, and the integration of HIV-specific tasks in the training curriculum for health care providers including ASCPs, medical doctors, and nurses. Through the clinical TA partner, PEPFAR Haiti will also support MSPP to continue with the implementation of a certification process for HIV healthcare providers, as well as including HIV minimum requirements in the accreditation of healthcare workers.

ii) *Revision of HRH transition plan.* PEPFAR Haiti will support MSPP preparing an HRH transition plan from USG to the domestic budget in the future, with the help of other stakeholders, including the Global Fund. In COP23, PEPFAR Haiti will support MSPP in identifying factors for successful transition of donor-funded health workers and recommend potential solutions to address challenges. In COP23, PEPFAR-Haiti will advocate for and work with the MSPP towards updating of the salary scale to support fair pay for health workers, as the first step for planning the future transition of the health care workers to MSPP.

Gaps in HMIS: Suboptimal use of existing technology and data to reinforce person-centered services and improve operations and accountability.

During the past several years, PEPFAR Haiti supported GOH to build a robust health information system to manage the HIV/AIDS program. This system has reached such a level of maturity that it can be tapped cost-effectively by the program to deliver on its commitment to offer differentiated person-centered care and inform real time decision-making.

PEPFAR Haiti will invest in maintaining existing platforms and infrastructure and leveraging the comprehensive set of data collected on patients throughout his treatment cycle, at all service delivery settings, to offer to both providers and patients value-added functionalities, made possible by the existence of point-of-care information systems feeding data to a national repository. PEPFAR Haiti will also prioritize documenting the existing electronic systems (specification documents, design documents, testing documents, and user's guides).

i) *Maintenance of i-Santé Plus:* In COP23, we will keep updating the national EMR, iSanté-Plus, to efficiently address PEPFAR and MSPP requirements, as well as clients' needs.

ii) *Maintenance of existing national HIV platform (MESI) and applications*

The program will continue to maintain and improve the functionalities that were developed over time and that have enabled the system to reach the current level of usability. The maintenance of existing applications and platforms include:

a) *The National HIV Monitoring System (MESI) and the National HIV longitudinal case-based surveillance system (SALVH) hosted on MESI.* In COP23, PEPFAR Haiti will continue to maintain these elements which represent the core of the national HIV Strategic Information. Additional work will focus on automated reports from SALVH on MER indicators.

b) *Enhanced interoperability between platforms:* Interoperability will be enhanced between MESI and SISNU, including TB tracker, SALVH/I-Sante Plus, I-Sante Plus/SYGDOCC.

c) *Maintenance and upgrade of MESI applications for better accountability of support to beneficiaries (OVC/DREAMS, DDP, PSUP apps):* These applications will continue to be refined to respond to client needs, to improve accountability of resources, and to analyze impact of strategies.

iii) *Updating the national TB register:* Maintaining and updating the national TB tracker to cover reporting of TB and MDR-TB cases at PEPFAR-supported sites and ensuring its interoperability with the national HIV data collection and monitoring platform (MESI).

iv) *Expansion of interoperability between EMRs at the site-level and the laboratory information systems at central labs performing VL and EID testing to reduce turnaround time for sharing data results.*

v) *Automation of manual care and treatment/ANC registers:* PEPFAR Haiti will pursue this initiative launched COP2021 to improve data accuracy, better capture testing indicators, and alleviate the burden imposed on the field personnel to provide disaggregate reporting.

vi) Supporting MSPP's Unité d'Évaluation et de Programmation (UEP) for maintenance of the country-level HMIS architecture to reinforce HMIS governance.

vii) Expansion of the community OVC-DREAMS electronic case management platform, this will ensure accountability for the support given to OVC clients DREAMS (interoperability must be ensured across all the existing systems/platforms).

viii) Expansion of VIP cards to more beneficiaries: To improve access to care

ix) *Data validation for all HIV sites:* data quality is the cornerstone of good programmatic decision-making. PEPFAR-Haiti will continue to support MSPP for HIV data validation at all HIV sites. In COP23, the focus will be made on improving the quality of data validation by the systematic use of a modern methodology involving data triangulation with all available patient-level and aggregate-level data.

Gaps in Supply Chain: Suboptimal country ownership of the supply chain system and lack of process to safely dispose of all UPP waste in Haiti.

- i) PEPFAR Haiti will continue to assist MSPP in the national commodity forecasting, quantification, and supply planning exercise, which aims to ensure the timely and uninterrupted availability of ARV, lab commodities, equipment, and other essential commodities at all geographic levels of the country.
- ii) PEPFAR Haiti will support advocacy to relevant GOH Ministries and stakeholders that would be required for a functional PPP (Public Private Partnership) for supply chain. Development of curriculum for training on stock management and LMIS reporting.
- ii) Establishment of e-LMIS starting with rolling out web-based SYGDOCC service to USG and GF sites.
- iv) Pharmaceutical Waste Management _ Unusable Pharmaceutical products (UPP): Continued contribution to the implementation of the National UPP Operational Plan at the USG supported sites.
- v) Build Strategic partnerships with the GFATM and the World Bank to support warehousing, quality assurance and pharmacovigilance.

Gaps in laboratory system: Suboptimal and centralized system with long turnaround time for return of tests results timely for HIV patient management and weak laboratory quality services.

Failure to ensure the proper and timely delivery of laboratory services compromises the control of the HIV epidemic.

- i) PEPFAR Haiti will support the development of a governance body for the Haitian laboratory network.
- ii) PEPFAR Haiti will support MSPP in its efforts for capacity building of staff and units to continuously improve quality of laboratory services by: workforce development opportunities; expansion of continuing education; building a comprehensive external quality assurance system (EQA); facilitation accreditation of LNSP and regional labs; implementation of the Lab Continuous Quality Assurance (CQI); introduction of complex testing, including HIV and TB drug resistance surveillance, post-market surveillance, as well as genomic sequencing, at LNSP; and strengthening of laboratory biosafety standards and practices.
- iii) PEPFAR Haiti will continue to assist MSPP for the laboratory diagnostic network optimization (DNO) exercise to remediate to lab operation deficiencies.
- iv) Reduction of VL and EID turnaround time (TAT): Decentralization of VL and EID services, including community VL specimen collection, and the use of GeneXpert at selected sites in the country, coupled with optimized specimen referral network (SRN).

v) Reinforcing structural essential pieces at LNSP, such as the biobank's management, and continuous electrical energy with a solar panels system

vi) Recency testing to improve HIV surveillance of new cases and detect areas for intervention.

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