

**COP PÈP  
AYISYEN AN  
HAITI  
PEOPLE'S COP21**

**COMMUNITY PRIORITY RECOMMENDATIONS**

**FOR PEPFAR COP2021**



# INTRODUCTION

Haiti's over 150,000 people living with HIV have been among those harshly affected by the past year's economic, political, and economic turmoil in the country. While the country has so far been relatively lucky in avoiding a major COVID-19 outbreak, it has not avoided the economic impact of the global economic shut-down. Along with political instability and the failure of many recovery efforts, many in Haiti can barely get by. Key populations have been particularly hard hit in this time, subject to violence, homelessness, and economic insecurity.

In this context, we are starkly concerned about the AIDS response. The good news is that after the very bad experience of 2019 when the rates of treatment interruption for people living with HIV were very high, in 2020 the AIDS program did better at retaining people in care. Over 17,000 people newly started treatment. This was less than the target of 20,000 but closer than in the past. Still, nearly 8,000 people were lost from the treatment program in 2020, according to PEPFAR data. This is better than the 13,000 lost last year, but still a high number. In our experience, we see that many of these people are facing economic deprivation and are key populations.

We are also concerned about the vulnerability of key populations and young women in Haiti. Precarity is increasing and that is increasing HIV vulnerability. The economy will continue to struggle after two years of recession, and the economic crisis compounds social turmoil. The coming year promises to be at least as challenging as the last for Haiti's vulnerable.

The HIV response must plan for this reality by becoming more flexible, easier, and more realistic for the lives of the vulnerable, bringing services closer to communities, and empowering communities to provide for their people.

## Developing COP Pèp Ayisyen An

This document represents the outcome of a series of civil society convenings—with views from PLHIV organizations, key population leaders, and community-based organizations.

Also included is some early data from our pilot of community-led monitoring. This data is not representative of the country since we have so far

only piloted the effort in 4 clinics. However, it includes some data that support the anecdotal views and long-time experience of civil society in Haiti.



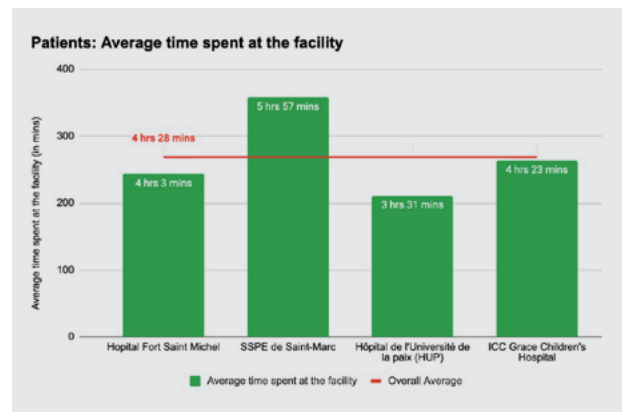
# KEY ISSUES

We highlight five issues to start and then include a table of a fuller list of civil society priorities for PEPFAR to address in COP21.

## 1. Expand the simple, quality, stigma-free drug distribution options nationwide to make it easier for PLHIV to get on and stay on treatment even as they face busy lives and life disruptions.

Discussions among PLHIV about what helps people stay on treatment is making it *simple, easy, and stigma-free* to access medicines. People who pick up their medicines at community distribution points that were set up in the last year or two say it has made things far easier for them. But far too many people still report they are spending far too much time and money to get from their homes and wait at clinics. When they do, many PLHIV, especially key populations, experience stigma from other patients and the staff. This must improve, but it can also be bypassed by limiting how often PLHIV must go to the clinic.

In our visits to 2 clinics in port au prince and 2 clinics in the Artibonite we found that the average time spent, most of it waiting, was 4 hours 28 minutes. We also found that 32.7% of people said the queues at the facility were too long.



### ZIANE

*"A person like me who has been living with HIV for a long time, I am often on the move and I go out of the city, out of port au prince for a long period. [If I run out] I stay without my medication. So, if we could have stations at different points and different areas of the country it would benefit a lot of us who are on the move, that way we could take our medication and it would make our life much easier. When I stop taking my medication, I feel very weak, I feel like someone who has never taken medication before.... So doing this for us would be so good because it would really change our lives."*



*In particular, PLHIV said they wanted expansion of the simple, in-and-out drug pick up points to complement the community ART groups. In COP20 the goal was 25 pickup points. PEPFAR should double this effort in COP21 and cover more regions.*

*In the major cities and the chef lieu, use of pharmacies and similar models are requested. Community drug distribution should not be only in urban areas, but in rural areas as well. The model should look different depending on the community and in rural areas versus urban areas—but it can and should happen*

*everywhere. Civil society suggests that these should include partnering with community groups to build their capacity. Drug pick up can also be a positive entry point into other services or supports if PEPFAR partners more with community-groups on drug distribution.*

*In addition, PEPFAR should expand the “VIP service” peer-led community adherence support, including drawing blood for the viral load at the community level—which includes PEPFAR funding and ministry support through policy to allow peers to do this work.*

## 2. Expand DREAMS and Socio-economic Supports for Women Nationwide.

DREAMS is a particularly powerful intervention for Haiti given the economic and social context. Political instability and COVID-19 lockdowns have contributed to a deteriorating situation for young women. Sexual violence and economic marginalization are rising. Young people, and specifically girls and women, report rising rates of sexual and gender-based violence.

Economic and social empowerment along with HIV-prevention services are critical for young women.

Currently the DREAMS program in Haiti is in 4 out of 42 arrondissements are currently targeted - Port au Prince, Cap-Haitien, Dessalines, and Saint Marc, with a goal of serving 20,050 AGYW (targeted in COP20). This should be expanded as a matter of priority.



### PHARADIA

*"My situation was that I had really low self-esteem and when I fell pregnant, I had to stop going to school. So, when I found this program I met other youth like me that were facing similar situation.... [DREAMS] changed my life. This situation is because of poverty. It would be good if other youth have access to DREAMS. There are many other young women and places like Bonivive I, Bonivive II, that are waiting and that desperately need this program."*

*In COP21 PEPFAR should double the number of young women served by DREAMS and expand into at least 2 new arrondissements, which might include doing more in Artibonite and extending to Jacmel, south of west*

*such as Ti Goave, Leogane, and Carrefour This might include the broad package must also be expanded to address food security and income generation for all participants given the current challenges.*

## 3. Expand Key Populations services, in particular to serve transgender people

Key populations in Haiti, in particular men who have sex with men, transgender women, and sex workers, continue to struggle in Haiti with health services that do not serve them well and high rates of stigma. The economic and social context has only made life more precarious for key populations. Anecdotal evidence suggests that many trans women, in particular, have been made homeless recently—leading to high rates of loss-to-follow-up among those living with HIV.

Addressing this has to include making more services friendly to key populations while also expanding KP-specific service sites.

Several current PEPFAR-funded programs are a good start. But do not fully meet the needs of key populations. Meanwhile, very little of the funding from many of the key-populations programs and "capacity" building efforts reach frontline organizations—which are in need of space and staffing for multiple years, not just one-off strengthening activities.



## CARLA

*“I am a Trans woman living with HIV. This does not mean that I’m not human and merit having my rights respected like everyone else. Going to get meds is hard. We have to face so many barriers. We need more access to professional, easy to navigate, flexible and quick anonymous spaces. We need to have a way of having treatment despite the everyday barriers we face. For some of us it’s within the KP organization we feel safe, for others like me it’s actually the incognito, easy way in-and-out, stigma free space to get access to ARV.*

*I have not been taking my meds for 7 months for the simple reason that I need a reliable direct place that will not ask me for a referral letter nor recommendation papers to get back into care.*

*It’s discouraging and I need an in-an-out space without stigma because I’m busy.”*

***In COP21, PEPFAR should increase funding directly to KP-specific organizations and increase the engagement of KP groups in drug distribution and services.***

*This has to include paying for the human resources to make these organizations work—training and giving some space is not sufficient if they cannot afford to hire staff. Additional support for things like accounting would be helpful.*

*In COP20, it was promised that KP groups would be part of drug distribution, but most report they have not been and would like to be to improve the lives of their members.*

***In COP21, PEPFAR should increase the KP\_PREV target.***

*The FY2020 target was significantly exceeded—*

*PEPFAR IPs reached only 1,000 people less than the COP21 target proposed. We think even more can be done and is needed. The COP21 target should be larger than the 76,007 target already set for COP20.*

***Set up a site for comprehensive care for Transgender people.***

*While several IPs are working with trans people, they continue to fall through the cracks and be pushed out of treatment. It is time to set up at least one site in PaP for comprehensive transgender care, which includes both HIV treatment and hormones as a broad effort to make health services attractive to trans people and support them to get into care, stay in care despite stigma. We need a harm reduction approach for trans people.*



**ELISABETH JACQUES, CLM FIELD COORDINATOR OF THE WEST REGION**

*“During the monitoring we met many clients waiting for their turn to be consulted and get their drug refilled, nonetheless we realized that there is a schedule pattern, as if they are all given the same time range to arrive (10 am-1pm). We found this curious. Shouldn’t the services be at the best day and time for the patient?”*

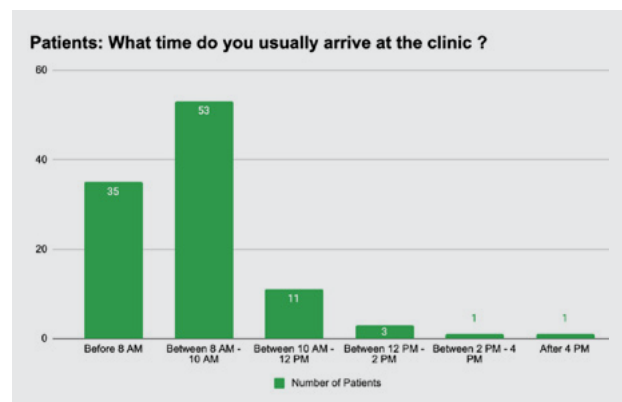
#### **4. Increase truly client-centered care by expanding hours, 6-months supply of pills, and reducing waiting times.**

PEPFAR IPs need to commit to really shifting to make their services more client-friendly—not only in name, but in fact. This should include requiring **all IPs to expand hours** to the times that would best meet the needs of the communities they serve. We know this has been a priority for PEPFAR, but it is still an issue for many IPs.

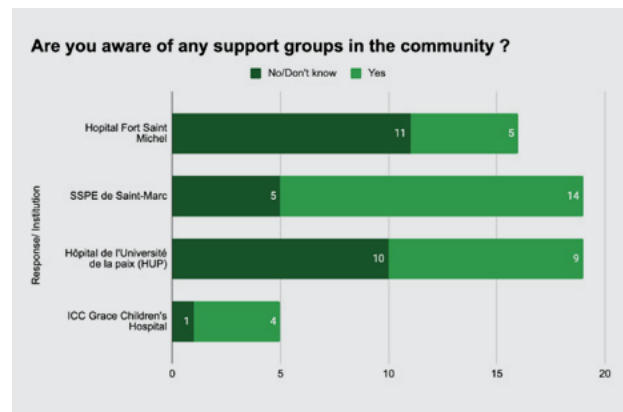
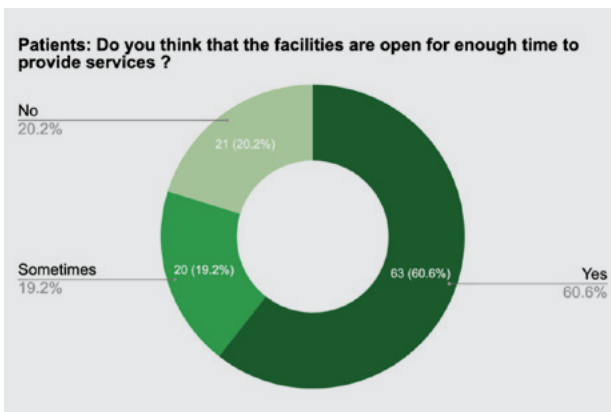
Our initial community-led monitoring data shows that most people arrive in the morning and then spend over 4 hours at the clinic waiting. On average, 39 people waiting to be seen at 10 am in the facilities monitored.

By the afternoon, the clinics have stopped seeing patients, and people who come later are turned away. For busy people trying to maintain precarious income working in either the formal or the informal sector, this is often difficult. Some need early appointments, some need after-work-time appointments, and some need weekend appointments. Our results are only from four clinics, but we hear reports

of this problem from people throughout the country—but that some IPs seem to be more flexible than others. Each community may be a little different in what would work best.



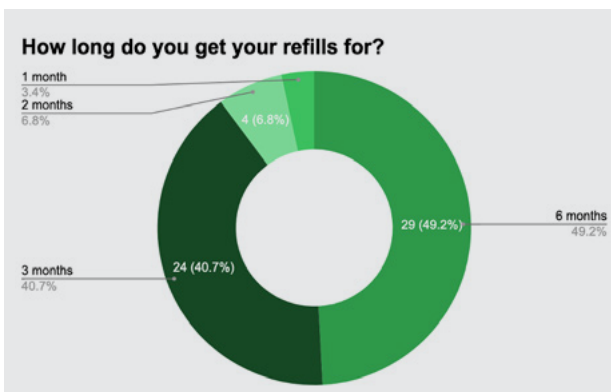




Expanding differentiated service delivery is also critical beyond just pick-up points.

**Expanding the portion of people given 6-month refills for ARVs is important.** COP20 said "PEPFAR Haiti aims to have 95% of the treatment cohort on 6-month dispensation." This does not seem to have been completed.

People are moving within the country and migrating outside and often need longer refills. At the four clinics we visited, 49% were getting 6 months, which is good but not as many as could benefit from longer refills.



In addition, while some PLHIV said they knew about support groups, many PLHIV said they did not know about any in the community where they were—which suggests a need to expand differentiated and supportive services, including Community ART refill groups.

***In COP21, PEPFAR should continue to expand all forms of DSD, requiring all IPs to participate, including longer refills.***

***PEPFAR should push partners to commit to a higher portion of patients getting 6-months supply and expanding community-based ART and support groups to reach all PLHIV who want them.***

***In COP21, PEPFAR should prioritize offering more transportation support & longer hours.***

***People are still struggling to travel to the clinic. And while some patients can avoid the clinic, many still need to come. Longer hours and uniform transport fee support are needed.***

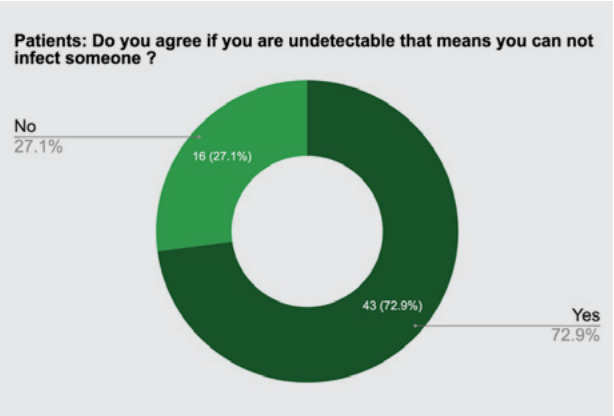
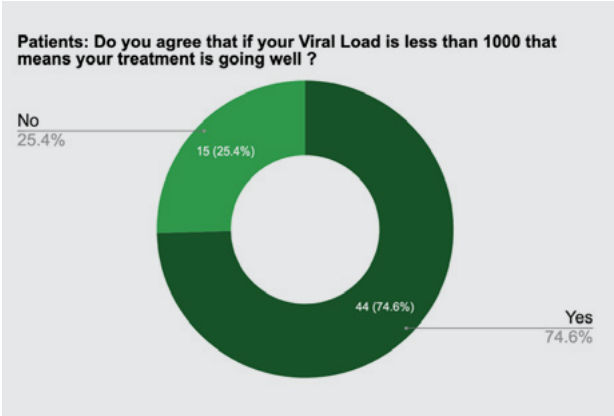
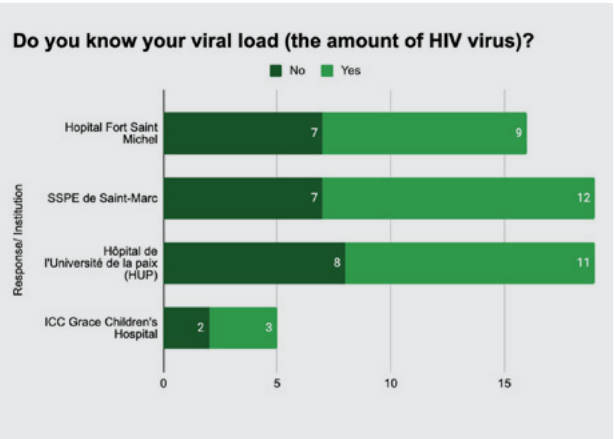


## 5. Expand U=U education & treatment literacy radically this year.

There has been a revolution in the science of HIV in recent years. But PLHIV often have not been empowered with enough information—to understand their treatment regimen, how to use viral suppression as prevention, etc. Haitians living with HIV deserve more. They deserve serious and supportive literacy and education about their own health. The efforts supported by PEPFAR have not been sufficient to what is needed so far.

In our CLM pilot, less than half of the patients interviewed knew their viral load. This may reflect insufficient VL testing or that the results were not shared with patients.

We asked patients if they understood the value of viral suppression—if they understand what it means for their own health and if they understand Undetectable = Untransmittable (U=U). We found that about one quarter of PLHIV did not.





## ALFRED

*"I have been living with HIV for 20 years and I might already be dead if it was not for my doctor. I often had suicidal thoughts as being gay and PLHIV, I did not understand this disease and I could not deal with the stress. So my doctor invited me every Saturday to his office to educate me about HIV. He listened to me pour out all my frustrations. He helped me overcome all my anxieties, my fears, the discrimination I suffered. Here I am 20 years later giving back what I received... Everyone needs this. They need information about their treatment, they need to be listened to carefully, pulling out their doubts, their fear and giving them knowledge."*

***In COP21 Next year PEPFAR should invest in a PLHIV-led, video or audio-assisted expanded treatment literacy effort.***

*Ironically, while patients are experiencing long waiting times in the clinics, they are rarely being reached with education efforts. This should not just be posters and written materials, but should include the opportunity for all PLHIV to learn from peer educators who are well trained and can deliver engaging content and correct information. Consideration of using video and audio efforts—something truly engaging that gives patients substance. This is different than*

*just saying "bravo for you, take your treatment"—it is about in-depth information about side effects, viral load, suppression, and more. This can and should be linked to existing PLHIV organizations so that people also have an opportunity to join an organization linked to the treatment literacy support. In particular, PEPAR should consider expanding the opportunity for people to pick up their drugs while also getting treatment literacy information—following examples of "adherence groups" that have been used successfully in some programs at a national level. It should be an option not required for PLHIV.*



# PRIORITIES

## SUMMARY TABLE

PEPFAR COP 20		RECOMMENDATIONS	COMMENTS
PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	<b>1. CARE &amp; TREATMENT</b>		
	<b>1.1 Improve the circuit for treatment</b>		
	<p><b>Page 28</b> At the national level, PEPFAR Haiti will work more closely with MSPP to review the quarterly results and ensure data quality and validation in the patient-level reporting systems.</p> <p>Health Information Systems is an area of successful synergy and integration into cross-cutting service delivery. In COP20, PEPFAR Haiti and the MSPP will extend the interoperability of the existing systems to the laboratory information system and logistics management information system currently being procured through the Global Fund.</p> <p><b>Page 30</b> Use of unique identifiers across sites and programs in clinical settings</p> <p>Haiti introduced the unique identification system through Biometric Coding (BC) in 2016 as part of its strategy to support continuity of care among a population that has become increasingly mobile.</p>	<ul style="list-style-type: none"> <li>Strengthening of the input supply and distribution chain</li> </ul>	<ul style="list-style-type: none"> <li>Make ARVs available at sites</li> <li>Make community distribution effective through associations of PLWHA and KP and other CBOs</li> </ul>
	<b>1.2 Provide staff training for better quality of care</b>		
	<p><b>Page 24</b> In COP20, a granular site management approach is planned to scale-up TPT with better integration in the differentiated service models of care. The plan will include a series of training sessions on TB/HIV guidelines and reporting.</p> <p><b>Page 37</b> Task-sharing: PEPFAR Haiti will continue to support curriculum development and implementation of task-shifting trainings for nurse practitioners and community health workers (ASCPs)</p>	<ul style="list-style-type: none"> <li>Overall staff reinforcement for standardization of services at national level</li> </ul>	<ul style="list-style-type: none"> <li>To help in the return of patients it is necessary:</li> <li>Improve reception and the environment</li> <li>Advocacy for strengthening the quality of care and services</li> </ul>
	<b>1.3 Use patients Experts in PE valuation ; more Involvement of PVs and associations</b>		
	<p><b>Page 30</b> In addition to the CSO-led monitoring program to reduce stigma and discrimination, peer navigators will assist in improving patient-provider relationships through accompaniment and direct interface management including linguistic subtleties, literacy barriers (pictograms vs written instructions based on client literacy) and treatment literacy (interpreting results and identifying goals for VL, adherence, etc.).</p> <p><b>Page 57</b> Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.</p>	<ul style="list-style-type: none"> <li>Strengthen site staff with the involvement of expert patients</li> </ul>	<ul style="list-style-type: none"> <li>Pairs are better able to talk to others about their experiences and their problems</li> </ul>
	<b>1.4 Increase DDP</b>		
	<p><b>Page 14</b> In COP20, community drug distribution fixed points will be established in areas of high HIV burden, SNUs with disproportionately high loss to follow-up, and areas with less than 60% ART coverage indicating unmet need.</p>	<ul style="list-style-type: none"> <li>Have more DDP: at the community level, in particular in Associations of people living with HIV and KP.</li> </ul>	<ul style="list-style-type: none"> <li>With this strategy there will be an increase in the return of patients to care, improve adherence</li> </ul>
	<b>1.5 Ensure a better organization of care services by strengthening the system</b>		
<p><b>Page 19</b> Treatment literacy and U=U campaigns will improve clients' understanding and adherence to treatment</p>	<ul style="list-style-type: none"> <li>Address the causes of the Lost to Follow Up</li> <li>Reinforcement of the U = U campaign to improve grip (U= U)</li> </ul>	<ul style="list-style-type: none"> <li>Better manage the follow-up activities on the care and treatment of PLWHA.</li> </ul>	

PEPFAR COP 20		RECOMMENDATIONS	COMMENTS
<b>1.6 Providing quality drugs for PLWHIV</b>			
In COP20, PEPFAR Haiti will continue to assist MSPP in the national commodities forecasting, quantification, and supply planning exercise, which aims to ensure the timely and uninterrupted availability of antiretroviral formulations at all geographic levels of the country. No funding gaps or stock-outs are projected for any commodity during COP20.	• Make quality medicines available to the country	• With quality drugs, adherence will be better and the country will be closer to the three: 95-95-95	
<b>2. DISTRIBUTION</b>			
<b>2.1 Continue with DDP activities</b>			
<p><b>Page 20</b> For COP20, the program will increase its target from 17,016 to 20,050 and will also enroll AGYW 20-24 age group. Services will be enhanced to include PrEP for adult young women. PrEP will be available for high-risk AGYW that are over 18 because of policy limitations. The screening tool will be revised to better identify risk factors in the 20-24 age group.</p> <p><b>Page 22 (OVC)</b> As already started in the previous fiscal year, the program will scale up support to non-suppressed patients through the supervision of regimen optimization, treatment literacy and addressing socioeconomic factors. The expected outcome will be to substantially increase the percentage of virally suppressed HIV positive children for FY21.</p>	• Increase community distribution	• Integration of associations of PLWHIV and KP in community distribution	
<b>2.2 Make ARVs available in the country</b>			
<b>Page 27</b> [...] In COP20, PEPFAR Haiti will continue to assist MSPP in the national commodities forecasting, quantification, and supply planning exercise, which aims to ensure the timely and uninterrupted availability of antiretroviral formulations at all geographic levels of the country. No funding gaps or stock-outs are projected for any commodity during COP20.	• Distribute in remote areas	• Do not only stay in the big cities but go to associations that are in remote areas	
<b>2.3 Provide medical follow-up during distributions</b>			
<b>No specific target beyond task sharing</b>	• Provide psychosocial support during distributions	• Do not just provide the drugs to clients but also do counseling to understand how the person feels with the drugs and benefit from building self-esteem when needed.	
<b>3. PREVENTION</b>			
<b>3.1 Increase the level of dissemination of awareness and education messages on HIV. Organize Campaigns to demystify stereotypes related to HIV.</b>			
<p><b>No specific target</b></p> <p><b>Page 20</b> (4.3 Prevention, specifically detailing programs for priority programming)</p>	• Diversify the vectors of communication by promoting social networks for the popularization of awareness messages (on HIV, on treatments, on adherence, U = U, non-Stigmatizing messages)	<ul style="list-style-type: none"> <li>• Make videos with specific messages and use PLHIV actors and also KP members to better convey the messages</li> <li>• Carry out series for prevention and for care, Retention, Adhesion.</li> <li>• Take into account the specificities of the different target groups for appropriate messages</li> </ul>	

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PEPFAR COP 20	RECOMMENDATIONS	COMMENTS
<b>3.2 Strengthen interventions in sites for quality of services</b>		
<p><b>Page 29</b></p> <ul style="list-style-type: none"> <li>• MMD will be extended to a 6-month supply for 95% of the treatment cohort.</li> <li>• Extended clinic hours will be available before or after regular work hours during some weekdays at PEPFAR sites in districts with the highest HIV burden. Clinics will also be open during at least one weekend per month to facilitate access to services for hard-to-reach populations or patients who are too busy to attend clinics at regular hours.</li> <li>• Men's clinics and men's corners started in FY20 will continue in COP20 in SNUs with the highest gaps in coverage in Cap-Haitien, Port-au-Prince, Cayes, and Artibonite.</li> <li>• Patients with a detectable VL or persistent high viremia will be offered individual VL counseling and/or group support clubs led by peer mentors, and enrollment into a Viral Load Class to improve the treatment literacy and adherence to treatment.</li> <li>• Routine patient follow-up care will be largely done by nurses so physicians can prioritize complex cases.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure the sharing of communication and awareness materials by creating a public database</li> <li>• Continuing education for healthcare providers so that they can better serve the population</li> </ul>	<ul style="list-style-type: none"> <li>• Some healthcare staff need training to improve their behavior towards clients</li> </ul>
<b>3.3 Carry out investigations into the causes of death cases of PLWHIV who died of cancer.</b>		
<p><b>Page 58.</b> The Haiti Program has a robust monitoring and reporting electronic system that captures morbidity and mortality data. During COP19, a thorough analysis of mortality data looking at the profile of reported deaths will be completed.</p>	<ul style="list-style-type: none"> <li>• Carry out research on cancer cases suffered by PLWHIV to find out if drugs are not responsible.</li> </ul>	<ul style="list-style-type: none"> <li>• If this is the case, provide clinical services for the management of these cases with PLWHIV.</li> </ul>
<b>3.4 Extend the activities of the Faith-Based Organizations (FBO) project to other departments</b>		
<p><b>Page 17</b> Reaching men through faith-based communities and traditional leaders, including voodoo leaders, will be promoted extensively with the Faith and Community Initiatives (FCI) ambition funding. Specific faith-based implementing partners will work with churches or community-based faith groups to educate their members about the HIV medical progress in Haiti using the U=U (Undetectable=Untransmissible) campaign.</p> <p>FCI activities, proven effective in other countries, have started in Haiti in COP19/FY20Q2, and will continue in COP20, addressing the needs of people seeking alternative care, and ensuring that they stay on treatment. FCI activities will also be paramount in the Retention Surge in general, by promoting a supportive attitude towards PLHIV within faith-based and other organized communities, and by disseminating new messages of hope, and basic information about the availability of effective antiretroviral therapy (ART) free of charge.</p>	<ul style="list-style-type: none"> <li>• Train more religious leaders across the country</li> </ul>	<ul style="list-style-type: none"> <li>• Ask PIs running the FBO project to collaborate with grassroots organizations that are already working with religious leaders</li> </ul>
<b>3.5 Strengthen the activities of the Observatory</b>		
<p><b>Page 30</b> Supporting community-led monitoring of treatment services with minimum quarterly meetings to review reported observations and recommendations with representatives and follow up as needed. The CSO groups have already started to put in place an independent CSO observatory, in coordination with UNAIDS and technical support from other international entities. The CSO observatory will be supported in COP19 and COP20 with the Ambassador's small grants, along with a network of ombudsmen, to improve the monitoring of the quality of services provided throughout the country.</p>	<ul style="list-style-type: none"> <li>• Provide more field agents for site monitoring with a view to an extension</li> </ul>	<ul style="list-style-type: none"> <li>• Verification of complaint cases</li> <li>• Verification of quality of care to complete the data</li> <li>• Verification of HIV-related cancer cases for advocacy for support of these cases.</li> </ul>

PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	PEPFAR COP 20	RECOMMENDATIONS	COMMENTS
	<b>3.6 Improve the capacity to deliver community-based HIV services</b>		
<p><b>Page 5</b> Expand community ART dispensation points and peer-led community ART groups (CAGs) to ensure coverage in the highest-burden sub-national units (SNUs) and areas with high loss to follow up. Leverage community health workers and peers to improve accuracy of client contact information and location data.</p> <p><b>Page 13</b> In COP19 and COP20, community drug distribution fixed points will be established in areas of high HIV burden, SNUs with disproportionately high loss to follow-up, and areas with less than 60% ART coverage indicating unmet need.</p> <p><b>Page 15</b> Program data analysis revealed 5-6 priority districts with the greatest unmet need that account for 53% of the ART cohort. These districts will be prioritized for differentiated service delivery models and community programming to address existing program gaps.</p> <p><b>Page 17</b> The new Easy Start package, starting at every PEPFAR facility in COP 19, will be also offered in the community by community health workers and peer educators by COP20 implementation.</p> <p><b>Page 19</b> PEPFAR Haiti is using COP19 acceleration funds to establish a network of community drug dispensation points, which will be expanded to 25 points nationwide, to address some of these client-cited barriers.</p> <p><b>Page 29</b> 2. Community Drug Distribution (DAC): In addition to MMD, patients will increasingly transition to community-drug distribution as an effort to reduce wait times and decongest health facilities (if clients are interested in this option).</p> <p>5. Collection of VL samples at the community level: Currently in Haiti, VL and EID testing coverage and suppression rates are suboptimal for the program. To address the coverage issues, especially in SNUs with high VL coverage gaps, community-level VL sample collection will be initiated by MSPP-trained and certified mobile clinic staff and community health workers. PEPFAR Haiti will also work with the MSPP/PNLS to transition to finger-prick methods for DBS sample collection, obviating the need for phlebotomy services.</p>	<ul style="list-style-type: none"> <li>• Strengthen the means of action of grassroots community organizations, in particular PLWHIV, KP, for the provision of services, among others: community screening</li> <li>• Search for the lost to follow-up, ARV distribution, index testing, by putting a their disposal: logistical means, training, materials and equipment, necessary financial means</li> </ul>	<ul style="list-style-type: none"> <li>• The implementation of community activities, in large part, is carried out by the CBOs. It should be noted that they face difficulties which constitute obstacles to the achievement of the expected results. Among them: Difficulty reaching certain areas due to lack of transport logistics, the costs allocated do not correspond to reality. Frequent breaking of rapid screening tests. Recurring costs for proximity approaches to retention are not taken into account, sensitization materials are not accessible to them, a very limited budget is granted to them and which does not allow them to be strengthened. It is therefore necessary to carry out an analysis of their situation</li> </ul>	
<b>3.7 Strengthen the HIV offer and services delivery for young people in vulnerable situations</b>			
<p><b>Page 20</b> For COP20, the program will increase its target from 17,016 to 20,050 and will also enroll AGYW 20-24 age group. Services will be enhanced to include PrEP for adult young women. PrEP will be available for high-risk AGYW that are over 18 because of policy limitations. The screening tool will be revised to better identify risk factors in the 20-24 age group.</p> <p><b>Page 24</b> PrEP Expansion In COP20, five additional SNUs will be added and PrEP services will be expanded to target adolescent girls and young women (AGYW).</p>	<ul style="list-style-type: none"> <li>• Development of advanced strategies to reach young people such as mobile clinics, fixed points of proximity with the participation of young people.</li> <li>• Promotion of youth leadership in activities, risk communication and community engagement</li> <li>• Targeting young people and setting up gender-specific strategies to meet the needs of the various targets</li> <li>• Linking youth organizations with health structures.</li> </ul>	<ul style="list-style-type: none"> <li>• The implementation of advanced strategies requires the provision of additional funds and the contribution of CBOs with expertise in the areas of youth mobilization and work with ASCP</li> </ul>	



PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	PEPFAR COP 20	RECOMMENDATIONS	COMMENTS
	<b>3.8 Increase HIV interventions in formal and informal workplaces</b>		
<p><b>Page 18</b> ARV dispensation and self-testing will be available at selected male-dominated workplaces, transport hubs, industries or sports events in priority SNUs.</p>	<ul style="list-style-type: none"> <li>• Partnership development with the heads of certain institutions, both private and public, in the world of work.</li> <li>• Targeting of women and men in their work areas</li> <li>• Organization of specific activities taking into account their availability of workers in the informal sector</li> <li>• Advocacy and mobilization, offer of services adapted to their needs through advanced strategies for the informal sector.</li> </ul>	<ul style="list-style-type: none"> <li>• Particular attention should be paid to this sector as these workers fall into the high HIV prevalence age groups.</li> </ul>	
<b>3.9 Increase HIV interventions in transport environments: Taxi, Taptap, Motorcycle etc.</b>			
N/A	<ul style="list-style-type: none"> <li>• Partnership development with managers of private and public transport unions in the transport world</li> <li>• Targeting drivers and also customers.</li> <li>• Organization of specific activities taking into account their availability of workers in the informal sector</li> <li>• Advocacy and mobilization, offer of services adapted to their needs through advanced strategies for the informal sector.</li> </ul>	<ul style="list-style-type: none"> <li>• This sector should be the subject of particular attention given that these workers move a lot among the high HIV prevalence age groups.</li> </ul>	

PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	PEPFAR COP 20	RECOMMENDATIONS	COMMENTS
	<b>3.10 Strengthen the offer and services of HIV for women especially for those who are the most vulnerable such as: The Machandes Sara etc.</b>		
<p><b>Page 21</b> The Haiti DREAMS program will continue to identify the most vulnerable AGYW (out of school AGYW), and will expand in new communes within the four districts to improve geographical coverage, particularly in the Cap Haitian district.</p> <p><b>Page 16</b> COP20 will see scaled-up self-testing in keeping with PNL5-issued self-testing guidelines in FY18. Self-testing will continue for key populations, serodiscordant couples, and, potentially, for pregnant women in non-PEPFAR supported antenatal facilities, who do not have easy access to HIV testing. In COP20, PEPFAR Haiti, in collaboration with MSPP, will continue expanding assisted self-testing, doubling the target to reach 20,000 self-tests to be distributed, in order to reach more people among these groups.</p>	<ul style="list-style-type: none"> <li>• Development of advanced strategies to reach women such as women traders, sara machandes, fixed points of proximity with the participation of women.</li> <li>• Promotion of health services in the markets, risk communication and community engagement</li> <li>• Targeting of women and implementation of strategies to meet the needs of different targets</li> <li>• Linking of merchant organizations with health structures.</li> </ul>	<ul style="list-style-type: none"> <li>• The implementation of advanced strategies requires the provision of additional funds and the contribution of CBOs with expertise in the areas of women's mobilization with ASCP</li> </ul>	
<b>4. CONTINUITY KP (IF)</b>			
<b>4.1 Continue with activities for KP</b>			
<p><b>Page 16</b> In COP20, PEPFAR Haiti, in collaboration with MSPP, will continue expanding assisted self-testing, doubling the target to reach 20,000 self-tests to be distributed, in order to reach more people among these groups.</p> <p><b>Page 23</b> In COP20, PEPFAR Haiti will continue to support high-impact core interventions for KP including targeted prevention messages and HIV testing services (HTS), combination prevention services extended to clients of CSW, condom/lubricant promotion and distribution, and use of peer navigators to enhance adherence and retention of HIV-positive KP. The overall strategies will continue to engage KP-led organizations in the program implementation.</p>	<ul style="list-style-type: none"> <li>• Reinforcement /renewal (KPIF) and continuation of interventions for KP</li> </ul>	<ul style="list-style-type: none"> <li>• Use the good practices of the KPIF Project to continue with KP activities (Renewal of KPIF)</li> </ul>	
<b>4.2 Education campaign on social networks and websites</b>			
<p><b>No specific target on this particular priority</b></p>	<ul style="list-style-type: none"> <li>• Produce specialized programs to reduce stigma and discrimination against KP</li> </ul>	<ul style="list-style-type: none"> <li>• Use KP leaders during information and education programs or capsules</li> </ul>	
<b>4.3 Reinforce the KP associations</b>			
<p><b>Page 10</b> Engagement of civil society organizations, particularly PLHIV and Key Population (KP) associations, will be a key component of the COP20 overall strategy.</p>	<ul style="list-style-type: none"> <li>• Strengthen KP associations so that they can help with community distribution and other domains</li> </ul>	<ul style="list-style-type: none"> <li>• Create focal points at the level of KP associations to help with distribution.</li> </ul>	
<b>4.4 Increase community distribution</b>			
<p><b>Page 29.</b> Community Drug Distribution (DAC): [...] The program will also scale community drug dispensation fixed points in the community and peer-led community adherence groups or CAGs using PLHIV associations and LGBTQ groups. In the latter, drugs brought directly to the client will be accompanied by a health check and will use the group's networks to offer more flexibility to clients.</p>	<ul style="list-style-type: none"> <li>• Create distribution sites at the level of KP institutions</li> </ul>		



