COMMUNITY PRIORITY RECOMMENDATIONS FOR PEPFAR COP2023
INTRODUCTION

According to data from PNLS, 150,000 [between 130,000 and 170,000] Haitians are currently living with HIV, approximately 84% of whom know their status. Only 69% of PLHIV are virally suppressed. In spite of the challenging political situation in Haiti, the PEPFAR program successfully provided treatment to 106,212 people at the end of Q4.

Despite these successes, the PEPFAR program in Haiti continues to face major challenges in achieving the 95-95-95 targets. Viral load coverage dropped from 86% in 2020 to 81% in 2021, particularly among 20-34 year olds. Serious gaps remain in the prevention of mother-to-child transmission (PMTCT), with Haiti experiencing the second highest rate of childhood HIV infection (EID-Yield) among all PEPFAR countries and 40% of pregnant women starting antiretroviral therapy (ART) only after conception and during antenatal care. The PEPFAR program continues to face challenges with high rates of treatment discontinuation among young people and with the re-engagement of PLHIV who have withdrawn from care, particularly key populations (KPs).

Haiti’s community-led monitoring (CLM) project, one of the first CLM programs to receive PEPFAR support, entered its third year implementation, providing an important source of monitoring and accountability to the PEPFAR program.

PREPARING THE HAITI PEOPLE’S COP

This document represents the unified position of communities and civil society in Haiti. The priorities contained in this document are the result of a series of consultation meetings held with civil society organizations led by, and represented by, people living with HIV, key populations, women, adolescent girls and young women, orphans and vulnerable children, faith-based organizations, and other groups affected by the HIV epidemic.

These voices are complemented by findings from Haiti’s community-led monitoring (CLM) program. The project is led by the Community Observatory of HIV Services (OCSEVIH), an association created in 2020 to protect the rights of PLHIV and key populations, which since 2021 has been collecting quantitative and qualitative data in health facilities and communities. These data provide evidence on the quality, accessibility and availability of the HIV program in Haiti.

2. Information Memo for Charge D’Affaires Kenneth H. Merten, Haiti, pg. 4
3. amfAR.PEPFAR Monitoring, Evaluation, and Reporting Database.
4. Information Memo for Charge D’Affairs Kenneth H. Merten, Haiti, pg. 4
Addressing the challenges facing the PEPFAR program in Haiti will require a collaborative partnership with civil society and communities. With this document, civil society calls for a COP23 that provides innovative, inclusive, and high-quality care to all Haitians living with and affected by HIV. The full list of civil society priorities for COP23 is detailed in the table at the end of the document.

1. **End all mother-to-child transmission of HIV. PEPFAR must strengthen and adapt the PMTCT and DREAMS programs so that they work for all girls and women in Haiti.**

As a top priority, PEPFAR must address the unacceptable state of the PMTCT program in Haiti. PEPFAR needs to implement a multi-pronged approach to find all pregnant women where they are. This should include rolling out a full range of community-based interventions for pregnant women not receiving care in clinics, including testing and treatment. To help women receive care in facilities, PEPFAR must provide financial, food, and other non-monetary support. Women should be assigned a support person to help them navigate care during and after pregnancy.

At the same time, DREAMS program activities need to be strengthened and expanded to provide holistic support to adolescent girls and young women. PEPFAR should engage in regular dialogue with the target population to gather information on necessary and useful interventions. DREAMS activities should go beyond ensuring that girls complete basic education, but should extend to providing income-generating activities, job training and support to help women develop their careers.

“It’s been twenty two days since a woman died because a medical professional called the woman’s husband with the result of the HIV test, the husband beat her to death. He was also going to kill the baby; I picked him up before the father killed him thinking he would be a carrier of the virus as well, so far no one has come to claim the baby. this happened at the Food For the POOR hospital.” – A PLHIV

**MARIELYNE**

“I am 24 years old, I am a student. I am a PLHIV and have lived with the HIV virus for 24 years, which means I was born with the virus. I don’t know my mother and my father because they are dead, my grandmother and my aunt are alive.

As my mother and father are not there, I stayed with my uncle and he was the one who found out about my status and decided to ruin my reputation. He threw away my medicine and told people in the neighborhood that I had AIDS.”

**COP23 TARGET:** 100% of girls, women of childbearing age, pregnant women, and breastfeeding women should know their HIV status. All pregnant women should receive regular prenatal care.

**COP23 TARGET:** 100% of HIV-positive pregnant and breastfeeding women must be put on ARVs and receive comprehensive care adapted to their case. Children born to HIV-positive mothers should receive food support until 18 months, and PEPFAR should ask IPs to ensure better clinical follow-up of exposed children their children until their final status in order to reduce the rate of mother-to-child transmission.

**COP23 TARGET:** Train and fund all multi-purpose community health workers to go to the community, especially in remote areas, to find women of childbearing age, pregnant women, or breastfeeding women in order to sensitize them to bring them back to care.
+ **COP23 TARGET:** PEPFAR must strengthen the maternity service available in major hospitals across the 10 departments of the country, by providing adequate equipment, by recruiting many more midwives, gynecologists-obstetricians, in order to better take care of pregnant women at high risk.

+ **COP23 TARGET:** Pediatric services should be provided and available at the community level, for women who do not come to clinics with their babies.

+ **COP23 TARGET:** Integrate into the program 1,000 young girls who live in areas exposed to violence from armed gangs across the country, so that they can be supported by the program.

+ **COP23 TARGET:** Increase by 50% the reimbursement of basic transport costs for adolescents and young girls. Because of the current country context, young girls are more vulnerable than ever.

+ **COP23 TARGET:** Develop a partnership with organizations such as WFP, FAES, and Food for the Poor to provide nutritional support to young adolescents and young girls.

+ **COP23 TARGET:** Strengthen income-generating activities (for example, with training in the manufacture of liquid soap and agricultural products such as chocolate, peanut butter, and jam).

+ **COP23 TARGET:** PEPFAR IPs involved in DREAMS activities should conduct one feedback session per year with youth and adolescents to understand the types of activities, training and education they need. IPs should report these needs to PEPFAR and adapt their programs to meet these priorities.

+ **COP23 TARGET:** DREAMS activities should include entrepreneurship training, mentoring, higher education support and professional development support to help them develop their careers. These services should be deployed in COP23 in each department.

+ **COP23 TARGET:** PEPFAR to strengthen existing associations (federation of PLHIV and others) to set up a drop-in center for high risk pregnant women who are ready to give birth and live in remote and hard-to-reach areas.

+ **COP23 TARGET:** Pediatric services should be provided and available at the community level, through mobile clinics in remote areas for women who cannot travel to clinics with their babies.
2. No one should give up care because they are hungry or have no money. Remove financial barriers to health care.

Costs and lack of food remain a very significant barrier to accessing HIV care in Haiti. Additionally, although HIV treatment is available free of charge, patients report costs such as consultation fees or fees for services, such as annual checkups. Additionally, SDC survey data reveals that among people who stopped taking their medication, 39% said they did so because they did not have enough food. Yet only 27% of patients report always receiving food and/or money when they come to the clinic.

"According to the testimony of a doctor, she said that in Jérémie hospital there are patients who are undetectable but who died of malnutrition – we really have to ensure that we give nutritional support to patients, they must also be made independent through income-generating activities so that patients can take care of themselves, it is better to teach the patient to fish than to give him a fish."

Do people offer small incentives when they visit the clinic, such as food or money?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>33</td>
<td>33</td>
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</tbody>
</table>

Which of the following do you receive when you come to this clinic? (Please select all that apply)

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food or meal</td>
<td>256</td>
</tr>
<tr>
<td>Cash</td>
<td>102</td>
</tr>
<tr>
<td>Dry food ration</td>
<td>108</td>
</tr>
<tr>
<td>Money for transportation</td>
<td>1546</td>
</tr>
<tr>
<td>Household items</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>196</td>
</tr>
</tbody>
</table>

Which of the services offered cost money? (Read the entire list and please select all that apply)

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of opportunistic infections</td>
<td>3</td>
</tr>
<tr>
<td>Screening and treatment of STIs</td>
<td>8</td>
</tr>
<tr>
<td>Health checks</td>
<td>10</td>
</tr>
<tr>
<td>Treatment of other chronic diseases (eg. hypertension, tuberculosis)</td>
<td>11</td>
</tr>
<tr>
<td>Condoms and lubricants</td>
<td>1</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>4</td>
</tr>
<tr>
<td>Treatment for women with cervical cancer</td>
<td>7</td>
</tr>
<tr>
<td>Oral, injectable or implantable contraceptives</td>
<td>1</td>
</tr>
<tr>
<td>PLHIV do not pay for any of these services</td>
<td>40</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>

“When I wake up in the morning I haven’t eaten yet, every time I look at the ARV drug I feel bad, I think of all the discomfort I will have if I take it without food, nausea, dizziness etc. I’d rather not take it.” – Testimony of a PLHIV
Moreover, in the face of rising transportation costs across Haiti, the current level of transportation reimbursement is insufficient. These costs can be particularly high for the 42% of patients who report traveling more than one hour to the clinic, and the 20% who traveled more than two hours. Some clients spend several nights sleeping in the hospital while waiting for transport costs, only to find that they are not enough to cover the costs of returning home. Still others are forced to walk long distances to reach their homes or take a motorbike.

“During an appointment, I asked the doctor if it was AIDS and he explained to me that I don’t have AIDS, that I have the virus that causes AIDS, but if I continue taking my medicine, I can live normally and achieve everything I want in my life”

These costs can have serious consequences for patients. Community testimonies reveal that patients are dying from HIV complications because they cannot afford to come to the clinic for a refill. According to CLM data, the second most common reason for not attending support groups is the inability to afford transportation.

Wraparound care for PLHIV, including routine checkups and care for HIV-related health needs, should be available free of charge. Transportation reimbursement, as well as food and/or monetary benefits, must be available at 100% of PEPFAR-supported sites. These benefits must be consistently available and must be provided at the same time as the services are provided, so that patients do not have to wait at the clinic or hospital.

+COP23 TARGET: From October 2023 comprehensive care should be available without user fees, including for annual check-ups, screening and treatment for cervical cancer, cardiovascular disease, kidney disease, urology, medication for OIs, STIs, vitamins and antibiotics, and services for people aging with HIV.
+COP23 TARGET: Where clinical services are not available, PEPFAR should set up a referral network for patients
+COP23 TARGET: Remove financial barriers to health care by providing sufficient reimbursement for travel expenses based on where the patient is coming from.
+COP23 TARGET: Provide food kits to 100% of highly vulnerable PLHIV, through the development of partnerships with WFP, UN organizations, and others.
3. **Quality care requires functional clinics with well-trained staff.** PEPFAR must address infrastructure and staffing challenges.

A recurring theme in discussions with community members and in CLM focus groups is the poor treatment of patients in clinics. When patients who missed a visit return to the clinic, 18% report being reprimanded by clinic staff, which is an additional barrier to re-engagement in treatment and care. Among KPs, 14% avoided seeking health services for fear of being mistreated by clinic staff.

**DAPHNEY**

“The biggest problem I face as a person living with the virus is the health centers, I suffer a lot of discrimination, the staff in the centers often point fingers at me, people in front of the barrier often say that they are people with AIDS.

There was a security guard who beat an HIV patient, they isolated us and the pharmacy where we get medicine is in a dirty corner like a dump.

Even water is not available for patients to drink, especially in free wards, exams and x-rays are not done on time.”

People who do not feel comfortable with medical personnel cannot obtain the health care appropriate to their needs. CLM survey data reveals that 23% of patients would be uncomfortable asking for another medication and 10% would be uncomfortable discussing their symptoms with staff.

**When was the last training for clinical staff on HIV, HIV-related stigma and discrimination, and key populations?**

<table>
<thead>
<tr>
<th>Last Training Period</th>
<th>Number of Sites</th>
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<tbody>
<tr>
<td>In the last month</td>
<td>5</td>
</tr>
<tr>
<td>In the last 1 to 3 months</td>
<td>8</td>
</tr>
<tr>
<td>In the last 4 to 6 months</td>
<td>9</td>
</tr>
<tr>
<td>In the last 7 to 12 months</td>
<td>14</td>
</tr>
<tr>
<td>More than a year ago</td>
<td>20</td>
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PEPFAR must ensure that the entire program of COP23 in Haiti is centered on the fundamental rights of all Haitians. PLHIV should be treated with dignity and respect. Guidelines must clearly define the required training for all clinical and non-clinical staff, and a termination clause must be built into staff contracts for workplace discrimination and mistreatment of PLHIV and KPs.

The current training clinic staff on stigma, privacy and discrimination is not sufficient. CLM results show that in 18% of clinics, facility managers have not been trained on HIV; 36% of managers report that the most recent training on stigma and discrimination, HIV and key populations was over a year ago. All PEPFAR-supported sites should require that all clinical and non-clinical staff receive routine and extensive training on ensuring patient confidentiality.

“‘Fame Pero Or IDMI site should be specially investigated, since our rights are not respected at Fame Pero, we should send mystery patient to see how patients are treated, all paying patients are seen in first by doctors even if PLHIV are the first to arrive’” - A PLHIV
In addition to training, clinics must have enough staff and they must be fairly compensated for their work. According to the school principals surveyed, 66% said they did not have enough staff. The most frequently reported understaffed cadres were psychologists (in 56% of understaffed clinics), physicians (56%), and professional nurses (51%).

Clinic managers say the reason they don’t have enough staff is that they don’t have enough funds to pay salaries. This finding is echoed by nurses surveyed by the CLM program, 82% of whom say their salary is not fair or appropriate. PEPFAR should partner with the Government of Haiti to ensure positions are created, funds are available to pay clinic staff, and nurses are paid at least 50,000 HTG monthly (equivalent to US$333.33 as of February 6, 2023).

Finally, the clinic infrastructure needs to be improved. According to CLM data, 42% of clinics are in fair or poor condition, with frequent reports of broken, dirty or inaccessible toilets, broken walls and roofs, and broken or missing furniture.
PEPFAR, in partnership with its IPs, PNLS, and departmental government public health officials, should strengthen and standardize clinic visits, clinic support, and funding to improve and repair clinic infrastructure.

Finally, the laboratories responsible for producing the results of the viral load tests are not very efficient. According to CLM data, 35% of patients report waiting more than a month to receive their viral load test results; 13% wait more than three months. Although a high proportion of respondents to the SDC survey report having had a viral load test, the results of this test cannot be clinically useful if they are not communicated and used in the context of a timely medical decision.

“What the sites do not offer the possibility of hospitalizing HIV-positive patients, no follow-up can be done since the person in charge is not there for the PLHIV patients. Transport costs, they do not care where you come from, they give you food to eat when it is starting to spoil. The medicine they give you is about to expire. There are two centers that have televisions where patients pay for services.”

PEPFAR should require its IPs to report all viral load test results to all patients within two weeks, and ensure that records are kept in patient records.

**What's in bad condition?**
(Please select all that apply)

- Broken furniture or no furniture: 3
- Broken windows or doors: 1
- Broken roof or walls: 7
- No electricity: 2
- The toilets are broken, dirty or inaccessible: 12
- Garbage in the clinic or in the yard: 4
- No water: 4
- Other: 24

**What is the average time it takes to get viral load results to patients?**

- Within a week: 3
- In a month: 28
- Within 3 months: 13
- 3-6 months: 7
- More than 6 months: 1
- Other: 10
+ **COP23 TARGET:** All care sites should require at least quarterly training for clinical and nonclinical staff on professional ethics, prevention of patient rights violations, interpersonal communication, and patient retention.

+ **COP23 TARGET:** Increase the salary bands by at least 20% to ensure better compensation of staff involved in patient care, with a minimum salary of HTG 50,000. PEPFAR must work with all partners to ensure fair compensation, pension plans, and better staff management.

+ **COP23 TARGET:** PEPFAR must work with all partners to ensure fair compensation, retirement plans, and better staff management.

+ **COP23 TARGET:** Regular monitoring and evaluation visits by PNLS, in partnership with the departmental public health directorate and implementing partners, must be strengthened and performed at least quarterly, in order to better monitor clinics.

+ **COP23 TARGET:** PEPFAR IPs must ensure regular maintenance of clinics and prompt repair of damaged health structures. PEPFAR should implement a tracking system to ensure ongoing maintenance of clinics and have an annual physical assessment of all buildings.

+ **COP23 TARGET:** Document in 100% of patient records when they have received a viral load test and ensure that these results are communicated to the patient.

+ **COP23 TARGET:** Set up laboratory units in the 10 departmental hospitals to support viral load testing, in order to avoid delays in communicating results to clinics and patients, and avoid to duplicate blood draws and testing among patients who are already reluctant to donate blood.
Every patient deserves the right to receive confidential care. End all breaches of confidentiality and privacy in clinics.

CLM data reveal an alarming trend of patients facing regular privacy breaches in clinics, leading them to seek care in more distant clinics, adding a significant burden in terms of time and cost, and increasing the likelihood that they fall out of care.

According to CLM data, 65% of patients travel long distances to get to their clinic. Yet of these, 47% have a clinic closer to home that they could visit, but choose not to – most often out of fear of being seen by someone they know at the clinic.

HIV is heavily stigmatized in Haiti and PLHIV face significant discrimination in their communities and in the workplace. Thus, the fear of HIV status being disclosed to other patients or members of the community is a significant concern.

One of the main sources of privacy violations is the separation of PLHIV from other patients in clinics, which makes it visually obvious to everyone in the clinic who is there to receive HIV care.

Facility staff at 45% of monitored sites report some sort of separation of PLHIV and/or key populations, whether through waiting rooms, queues, or separate examination rooms. Other reports include 19% of patients saying they were given colored cards that identify their HIV or CP status to others in the waiting room. PEPFAR must immediately ensure that 100% of clinics reorganize patient spaces to end the public separation of people receiving HIV care.

+COP23 TARGET: Clinics need to be reorganized and structured to end the separation of PLHIV from other chronic patients in waiting rooms, queues and examination rooms. PEPFAR must put in place strategies for the reorganization and restructuring of 100% care facilities so that available HIV services are not separated from other regular services. There are currently facilities that are successfully onboarding patients, so PEPFAR should learn from these sites.

“We PLHIV prefer to travel to sites far from our homes to seek services to avoid disclosure of our HIV status. With the decrease in safety, which prevents us from moving to go to our preferred clinics, we prefer not to take our medicines instead of going to the sites near our homes.” PLHIV
“My recommendation is to set up a center to be able to hospitalize PLHIV patients because we suffer from other illnesses but because of the virus they weaken your health. To see the patients who live in lawless areas, they encounter many difficulties in getting to the appointment, there are problems and they need a psychologist. We need food kits for patients because these drugs are powerful and require eating well to take them.”
5. ARVs are not enough. All PEPFAR clinics must provide all PLHIV with the services they need.

Because the health needs of PLHIV go beyond HIV treatment, the PEPFAR model of ARV-only clinics does not work for PLHIV. Every clinic accessible to PLHIV should offer a full range of standard healthcare services, which should include annual physicals, kidney function tests before starting PrEP, cervical cancer screening and treatment, uterus, tuberculosis, proctology and urology services, as well as the diagnosis and treatment of sexually transmitted infections (STIs) and opportunistic infections.

Which of the following services does your clinic provide to PLHIV? (Read the entire list and please select all that apply)

- HIV testing: 60
- HIV counseling for newly diagnosed patients: 62
- Initiation of antiretroviral therapy: 60
- First-line HIV treatment: 62
- Second-line HIV treatment: 52
- PMTCT: 49
- Treatment of opportunistic infections: 62
- Screening and treatment of STIs: 60
- Health checks: 47
- Treatment of other chronic diseases (e.g., hypertension, tuberculosis, flu): 50
- Condoms and lubricants: 55
- Oral, injectable or implantable contraceptives: 45

According to data from the CLM project, a quarter of all sites monitored do not offer any health checks, forcing patients to travel to remote clinics to receive basic health care. Providing the same care across all sites is not only essential for improving patient health outcomes, but also for standardizing care between treatment sites to reduce duplication, patient transfers and competition between sites.

PEPFAR must take action to address persistent failures in supply chain systems, which continue to lead to stock-outs of antibiotics, condoms, lubricants, and vitamins. It is unacceptable that 40% of HIV clinics have regular stock-outs of lubricants and 15% have stock-outs of ARVs.

Were you offered HIV counselling, psychosocial support or other mental health care services at this facility?

- Yes, before an HIV test: 118
- Yes, after a positive HIV result (post-test): 824
- Yes, anytime: 481
- Not offered: 248
- I don’t know: 166
In addition, mental health services must also be available consistently and on demand, not just at the time of HIV diagnosis. According to CLM data, despite 42% of patients experiencing depression or suicidal thoughts about their HIV status, only 57% report being able to access mental health services at their clinic when they feel depressed, and only 25% of respondents report having on-demand access to HIV counseling, psychosocial support and other mental health care services. PEPFAR should issue guidelines requiring all sites to provide psychosocial support to PLHIV, including mental health services. In addition, each PEPFAR site should have at least one psychologist and one social worker on staff, and mental health services should be offered to every HIV-positive patient at every clinic visit.

When you feel depressed, are you able to access psychosocial services? (Please select all that apply)

- Yes, in this clinic: 457
- Yes, in another clinic: 16
- Yes, outside of a clinic (in the community, from a friend or family member’s, etc.): 113
- No: 154
- I don’t know: 47

In the past 2 months, have there been any stockouts or shortages of any of the following?

- HIV medicine (first or second line): 4
- PrEP: 9
- Tuberculosis drugs: 4
- Contraceptives: 3
- Condoms (male/external): 7
- Female/internal condoms: 15
- Antibiotics (eg Cotrim, amoxicillin): 13
- Iron and vitamins: 22
- Lubricant: 25
- Medicines for opportunistic infections: 14
- No, there were no stock-outs: 19
- Other: 7

People’s COP Haiti 2023

COP23 TARGET: Providing the full package of health services, including non-HIV care, in 100% of PEPFAR-supported clinics is key to preventing patients from switching facilities and thereby also improving data quality.

COP23 TARGET: Basic services should be standardized across clinics to avoid medical shopping and ensure access. There should be no clinics that only provide ARVs.

COP23 TARGET: Psychosocial support should be strengthened in 100% of PEPFAR-supported sites. Psychosocial support should be strengthened and continuous in the first 6 months of treatment, and psychosocial support should be offered every 6 months for detectable patients and once a year for undetectable patients.

COP23 TARGET: 100% of clinics must have a psychologist and a social worker on staff.

COP23 TARGET: PEPFAR must stop prescribing expired drugs. PEPFAR must put in place a control system to send drugs to Haiti with expiration dates that are further away, and also have a clinic focal point for controlling the expiration date of drugs, so that expired drugs are not prescribed to patients.

COP23 TARGET: PEPFAR should require at least one referral center in each department to serve key populations for proctology and urology services.

COP23 TARGET: PEPFAR should conduct a review of the biometric system in clinics, including asking IPs to report on the proportion of patients whose fingerprints are not registered in the system. All active patients on ARVs should have their fingerprints taken and providers should invite them to register, which will help eliminate duplicates for better management of the HIV program.

COP23 TARGET: All HIV-positive patients should be screened for tuberculosis once every six months.

COP23 TARGET: Facilities that provide TB and HIV care should be integrated to ensure better follow-up of co-infected patients, and facilities that do not have a TB clinic should have ongoing communication with the clinic where the TB patient was referred for better follow-up.
+ **COP23 TARGET:** Require clinics to offer 100% of active PLHIV on ARV at least one annual check-up, providing care for the patients holistic needs, in order to avoid premature deaths due to other medical issues not covered by the HIV program.

+ **COP23 TARGET:** Roll out injectable ARVs in Haiti, in order to help patients who have challenges with daily medications.

+ **COP23 TARGET:** Develop a measurement framework (including a psychosocial and economic assessment) used to develop the psychosocial and economic profile of each patient. In addition, clinics should assess the level of stress and the patients’ perception of the disease before and after the initiation of treatment. Trends in this score would enable clinicians to determine if each patient’s post-initiation counseling should be strengthened.

+ **COP23 TARGET:** Maintain close relationships with patients that are not just about distributing medicines. This would involve developing friendly relationships that would be based on trust and respect for patient privacy. Patient supporters are the main people who can help establish this relationship of trust. In this sense, it is essential to provide biannual training for supporters in order to refresh them on their duties and expectations. In addition, supporters should be professionals with specific skills in conflict management and organizational leadership.

+ **COP23 TARGET:** Train clinicians on common HIV co-morbidities. Conduct weekly review of records and deaths in health facilities to fully diagnose cause of death and correct potential problems in clinical management.

+ **COP23 TARGET:** Strengthen collaboration between the TB/HIV program management team and the other service points in the institutions. More specifically, maternal and women’s health, and the non-communicable diseases service (hypertension and diabetes etc.), to diagnose other diseases at an early stage and treat them accordingly in PLHIV.

+ **COP23 TARGET:** IPs must involve Oungans in the program to help patients who have not accepted their diagnosis and refuse treatment, believing that a spell has been cast on them.
6. Patients have the right to receive care where they feel comfortable. Transfers to the clinic should be available for all patients with concerns about their care.

It is important to give patients the opportunity to report their concerns. Yet, according to CLM data, only 32% of sites had a suggestion box for patients to report concerns. PEPFAR must ensure that all of its sites monitor patient satisfaction and that a process is in place to respond to patient complaints. This should include not only a suggestion box in 100% of sites that patients are made aware of, but also a phone line where patients who are not literate can share their concerns – similar to POZ’s blue phone. Clinics and IPs must report publicly on how they will handle these complaints.

Patients who do not receive adequate or acceptable care should be allowed timely transfers to another clinic. However, 28% of patients surveyed do not feel comfortable requesting a transfer. Facilitating transfers to patients who request them is not only a necessary part of care delivery, but it also avoids “silent transfers” and improves care coordination.

Although delivery of ARVs to patients’ homes is an important mechanism for reaching patients outside of clinics, many patients fear that their HIV status will be disclosed through the delivery. Of those who have stopped participating in home delivery of medicines, 53% did so in order to prevent people from finding out about their HIV status. Clinics should fully train their delivery team on patient confidentiality. Wherever possible, clinics should employ a variety of people to make deliveries, to reduce the risk of inadvertent disclosure if the role of the deliverer is known to the community.

**Have you ever had medicine delivered to your home?**

- Yes, I am currently receiving medication at home: 305
- Yes, I used to, but I stopped: 247
- No, I have never had medicine delivered: 590

**Why don’t you currently have medicines delivered to your home? (Please select all that apply)**

- I don’t want people to see and know that I have HIV: 435
- I find it more convenient to come to the clinic: 284
- When I come to the clinic, I can receive services other than medication: 165
- Other: 131

Of those who have stopped participating in home delivery of medicines, 53% did so in order to prevent people from finding out about their HIV status.
7. Preventive services should be available to all patients. Strengthen prevention services and provide appropriate care for key populations.

While noting the increased availability of PrEP in Haiti, many clinics still do not have access to PrEP. PEPFAR should work with PNLS to ensure that all clinics are trained and certified to be able to provide PrEP. Given that only 25% of patients surveyed by CLM have heard of PrEP, PEPFAR should require its clinics to offer PrEP to all eligible patients and should work with community organizations to raise awareness. Lack of training has become one of the most common reasons for not offering PrEP.

It is critical that every PEPFAR-supported clinic providing HIV care also provides services to key populations. According to CLM data, 61% of HIV clinics surveyed do not offer any services specifically for key populations. This is unacceptable.

PEPFAR must ensure that each site has prevention and treatment services specifically designed for the needs of sex workers, men who have sex with men, transgender people, and prisoners. In particular, the needs of transgender people are not taken into account by the PEPFAR program. Only 18% of sites offer services to transgender people, and not a single clinic offers gender-affirming hormone therapy.

### Is PrEP offered at this facility?

| Yes | 30 |
| No  | 32 |

### Why don’t you offer PrEP at this facility? (Please select all that apply)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
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<tbody>
<tr>
<td>The drug has never been available in our clinic</td>
<td>14</td>
</tr>
<tr>
<td>Due to stock shortages</td>
<td>1</td>
</tr>
<tr>
<td>Our staff are not trained in PrEP</td>
<td>15</td>
</tr>
<tr>
<td>Due to government guidelines</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>

### Does your facility offer services specifically for any of the following populations? Select all that apply

<table>
<thead>
<tr>
<th>Population</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex workers</td>
<td>19</td>
</tr>
<tr>
<td>Men who have sex with men</td>
<td>17</td>
</tr>
<tr>
<td>Transgender people</td>
<td>11</td>
</tr>
<tr>
<td>Prisoners</td>
<td>7</td>
</tr>
<tr>
<td>None of the above</td>
<td>38</td>
</tr>
</tbody>
</table>

### What services do you have specifically for transgender people?

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender Outreach Services</td>
<td>6</td>
</tr>
<tr>
<td>Transgender-friendly HIV counseling and testing</td>
<td>10</td>
</tr>
<tr>
<td>Access to PrEP</td>
<td>10</td>
</tr>
<tr>
<td>Information packs for transgender sexual and reproductive health services</td>
<td>5</td>
</tr>
<tr>
<td>Transgender-friendly STI screening and treatment</td>
<td>10</td>
</tr>
<tr>
<td>None of the above</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>
COP23 TARGET: Ensure that PrEP is available in all PEPFAR-supported clinics in the country, with an integrated family planning service. PEPFAR needs to address PrEP stock-outs to ensure drugs are available at all sites.

COP23 TARGET: Rollout of injectable PrEP in Haiti in PEPFAR sites to help in the prevention of HIV, especially with the proliferation of gangs in Haiti, people travel less and less to go to clinics

COP23 TARGET: Health centers should staff for the night shift, weekends, and public holidays in order to ensure the follow-up of cases of rape, accidental exposures to blood, and distribution of condoms and lubricants

COP23 TARGET: Require that all health center staff are trained on PrEP, including learning to perform PrEP rapid tests, to facilitate the rapid availability and distribution of PrEP. Engage civil society organizations led by MSM and TGs in staff training.

COP23 TARGET: 100% of sites must train medical staff on the specific needs of transgender people, including sexual orientation and gender identity.

OBJECTIVE COP 23: Refresher training sessions on the specific needs of transgender people, including sexual orientation and gender identity, should be provided to clinical staff at least twice a year.
8. Strengthen community service delivery.

Haiti’s PEPFAR program relies on peer educators, navigators, and other community health workers. These community workers are often tasked with achieving ambitious programmatic goals, but they are underpaid and face unequal treatment and are treated as second-class health workers. One of the main tasks of peer navigators is to pick up patients and transport them to clinics, but in some cases the clinic does not fully reimburse these transport costs.

The consequences of insufficient compensation are felt in the lack of transport services for patients, the closure of support groups and adherence clubs, and the weakening of the infrastructure essential to maintaining patient care.

PEPFAR should work with the PNLS to ensure the professionalization of peer educators and navigators. This should include employing them as regular staff, providing them with a standard salary and ensuring that any costs associated with their work (such as transport) are fully reimbursed.

In addition, local and community organizations are critically important to the response to HIV in Haiti. Although they have local knowledge and institutional links with the community, these organizations are rarely selected as implementing partners and are significantly underfunded relative to their key role. PEPFAR should prioritize funding for Haitian organizations as primary and secondary implementing partners and should partner with local CSOs in re-engaging people in care, retention and support, building awareness of U=U, and community service delivery.

PEPFAR should prioritize funding for Haitian organizations as primary and secondary implementing partners and should partner with local CSOs in re-engaging people in care, retention and support, building awareness of U=U, and community service delivery.
### COP22 SDS Language | COP23 Recommendation

#### 1. Health equity for priority populations

**1.1 Key population-friendly services in all clinics**

- **Pg. 34:** "With the increase in the number of people identified as transgender, PEPFAR-Haiti will initiate transgender-friendly services in the KP packages."

- **Pg. 35:** "In addition, PEPFAR-Haiti will also support KP sensitization training of providers to increase KP competency and stigma-free provision of services."

  + 100% of care sites must have medical staff trained in the specific needs of transgender people, including sexual orientation and gender identity.
  + Refresher training sessions on the specific needs of transgender people, including sexual orientation and gender identity, should be provided to clinical staff at least twice a year.
  + PEPFAR should require at least one referral center in each department to serve key populations for proctology and urology services.
  + Roll out injectable ARVs in Haiti, in order to help patients who have challenges with daily medications.

- **Pg. 28:** "In COP2022, PEPFAR-Haiti will work with MSPP and IPs to have all clinical and non-clinical staff at health facilities to sign a confidentiality clause that defines disciplinary actions for breaches of patient privacy."

  + All care sites should require at least quarterly training for clinical and nonclinical staff on professional ethics, prevention of patient rights violations, interpersonal communication, and patient retention.

- **Pg. 28:** "To reduce issues of stigma and confidentiality, peer workers and CHW delivering medications to patients at home or in the community must receive training on patient privacy and confidentiality."

  + 100% of field workers delivering medicines at home must be trained, at least once a year, in respecting patient privacy and confidentiality.

- **Pg. 25:** "Patients who do not wish to continue at a specific site should receive appropriate support and flexibility for transfer to another site of their choice. Choice of their treatment site is up to patients and transfers must be done without difficulty or reluctance from the site."

  + Any client who is the victim of abuse or who has concerns about confidentiality should receive an automatic transfer without difficulty to another clinic of their choice. Staff who are reported for patient abuse should be disciplined.

- **Pg. 25:** "PEPFAR-Haiti will continue to support the 'Telephone Bleu', a hotline that people can call for general information about HIV or specific information about HIV treatment. Furthermore, starting in FY2022, PEPFAR-Haiti will ensure that supported sites empower their PLHIV clients by providing them with a phone number to reach the site's staff if they have questions about their treatment, experience symptoms, or need to modify their next appointment."

  + 100% of clinics must have a suggestion box which is promoted by staff and clearly identified in the clinic. For those who are not literate, PEPFAR will set up a helpline where patients can raise concerns or lodge complaints. Clinics will publish regular reports on the steps taken to deal with complaints.

- **Pg. 25:** "All PEPFAR-supported sites will ensure that they have an easy-to-navigate system to receive, record, and address patient complaints."

  + 100% of clinics must have a suggestion box which is promoted by staff and clearly identified in the clinic. For those who are not literate, PEPFAR will set up a helpline where patients can raise concerns or lodge complaints. Clinics will publish regular reports on the steps taken to deal with complaints.

#### 1.2 Provide professional care that protects patient privacy

- **Pg. 81:** "Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP, and routine clinical services affecting access to HIV testing and treatment and prevention. [...] Fully implemented since 2003."

  + Remove financial barriers to health care by providing sufficient reimbursement of travel expenses depending on where the patient is coming from.
  + Provide food kits to 100% of highly vulnerable PLHIV, through the development of partnerships with WFP, United Nations organizations and others.
  + From October 2023 comprehensive care should be available without user fees, including annual exams, screening and treatment for cervical cancer, cardiovascular disease, kidney disease, urology, medication for OIs, STIs, vitamins and antibiotics, and services for people aging with HIV.
### 1.4 End mother-to-child transmission of HIV

**Pg. 11:** “The OVC platform will be linked to the PMTCT cascade strengthening activities (testing of women, testing of HIV-exposed infants, linkage to ART for identified adults and children, OVC-type support to HIV exposed infants, and their caregivers, VL literacy and monitoring elements, among others).”

**Pg. 31:** “The program will also support the PMTCT cascade through the following: a) tracking of mother-baby pairs by facilitating effective linkage between facilities and community cadres at delivery for follow-up services b) prioritizing HIV positive pregnant AGYW for economic strengthening activities, c) support mothers’ clubs and d) promote peer support through community young mother’s clubs.”

**COP23 Recommendation:**
- + 100% of girls, women of childbearing age, pregnant women, and breastfeeding women should know their HIV status. All pregnant women should receive regular prenatal care.
- + 100% of HIV-positive pregnant and breastfeeding women must be put on ARVs and receive comprehensive care adapted to their case. Children born to HIV-positive mothers should receive food support until 18 months, and PEPFAR should ask IPs to ensure better clinical follow-up of exposed children their children until their final status in order to reduce the rate of mother-to-child transmission.
- + Pediatric services should be provided and available at the community level, for women who do not come to clinics with their babies
- + PEPFAR must strengthen the maternity service available in major hospitals across the 10 departments of the country, by providing adequate equipment, by recruiting many more midwives, gynecologists-obstetricians, in order to better take care of pregnant women at high risk.
- + PEPFAR to strengthen existing associations (federation of PLHIV and others) to set up a drop-in center for high risk pregnant women who are ready to give birth and live in remote and hard-to-reach areas.
- + Pediatric services should be provided and available at the community level, through mobile clinics in remote areas for women who cannot travel to clinics with their babies.
- + To improve the overall result at the level of PMTCT, it is essential to intervene on the reception, the deadlines, the quality of the ANC, the conditions for taking samples and carrying out the laboratory examinations, the circuit of the women between their arrival and their departure from the centre, etc.
- + A study is needed to determine when children are infected to identify problems related to mother-to-child transmission. Is it in the last weeks of pregnancy, childbirth or breastfeeding.
- + The follow-up of pregnant women should be provided by PLHIV associations for psychosocial support of PMTCT patients.
- + Formula feeding should be free for lactating women whose babies reject Nutritional support for economically vulnerable breastfeeding women so as not to jeopardize exclusive breastfeeding in the first six months after childbirth.

### 1.5 Strengthen DREAMS to meet the needs of all adolescent girls and young women

**Pg. 31:** “The Savings Group program aims to empower young women and their families through social and economic strengthening and consequently helps to reduce gender-based violence GBV and decrease HIV risk. Other HES activities include vocational training, credit toward small enterprises, etc.”

**Pg. 32:** “The Haiti DREAMS program aims at improving the completion of services for all AGYW by [...] scaling up of economic strengthening activities (MUSO, adapted vocational training after a market assessment, financial literacy and bridge to employment)”

**COP23 Recommendation:**
- + Strengthen income-generating activities (for example, with training in the manufacture of liquid soap and agricultural products such as chocolate, peanut butter, and jam)
- + DREAMS activities should include entrepreneurship training, mentoring, higher education support and professional development support to help them develop their careers. These services should be deployed in COP23 in each department.
- + Integrate into the program 1,000 young girls who live in areas exposed to violence from armed gangs across the country, so that they can be supported by the program.
- + Increase by 50% the reimbursement of basic transport costs for adolescents and young girls. Because of the current country context, young girls are more vulnerable than ever.
- + PEPFAR IPs involved in DREAMS activities should conduct one feedback session per year with youth and adolescents to understand the types of activities, training and education they need. IPs should report these needs to PEPFAR and adapt their programs to meet these priorities.
<table>
<thead>
<tr>
<th>COP22 SDS Language</th>
<th>COP23 Recommendation</th>
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<tbody>
<tr>
<td><strong>1.6 Make PrEP available in 100% of PEPFAR-supported sites</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Pg. 37: “PEPFAR will work with PNLS to ensure that every site receives training on PrEP” | + Ensure that PrEP is available in all PEPFAR-supported clinics in the country, with an integrated family planning service. PEPFAR needs to address PrEP stock-outs to ensure drugs are available at all sites.  
+ Rollout of injectable PrEP in Haiti in PEPFAR sites to help in the prevention of HIV, especially with the proliferation of gangs in Haiti, people travel less and less to go to clinics  
+ Require training of all health center staff on PrEP, including training in the performance of rapid tests, to facilitate rapid availability and distribution of PrEP. Involve civil society organizations led by MSM, TS and TG in staff training. |
| **2. Sustaining the response** |
| **2.1 Offer psychological support to all PLHIV** |
| Pg. 4: “The program also uses social workers and psychologists to facilitate healthy client interactions and follow-ups.”  
Pg. 10: “The focus placed on the prevention of treatment interruption will encompass activities to improve treatment literacy, Undetectable = Untransmittable (U=U) campaigns, and better linkage of psychosocial support with treatment to improve outcomes.” | + Psychosocial support should be strengthened in 100% of PEPFAR-supported sites. Psychosocial support should be strengthened and continuous in the first 6 months of treatment, and psychosocial support should be offered every 6 months for detectable patients and once a year for undetectable patients  
+ 100% of clinics must have a psychologist and a social worker on staff  
+ IPs must involve Oungans in the program to help patients who have not accepted their diagnosis and refuse treatment, believing that a spell has been cast on them. |
| **2.2 End stock-outs and shortages** |
| Pg. 51: “Storage capacity at sites is limited while the need to free up space for safe products and prevent inappropriate use of compromised and/or expired drugs remains constant.” | + PEPFAR should stop prescribing expired drugs.  
+ PEPFAR must stop prescribing expired drugs. PEPFAR must put in place a control system to send drugs to Haiti with expiration dates that are further away, and also have a clinic focal point for controlling the expiration date of drugs, so that expired drugs are not prescribed to patients. |
| **2.3 Provide holistic care for all health needs of PLHIV** |
| Pg. 26: “The Easy Start program will be reinforced in all PEPFAR sites to prevent IIT during the first 90 days. Treatment literacy and U=U campaigns will improve clients’ understanding and adherence to treatment.” | + Providing the full package of health services, including non-HIV care, in 100% of PEPFAR-supported clinics is key to preventing patients from switching facilities and thereby also improving data quality  
+ Basic services must be standardized in all clinics to avoid medical shopping and guarantee access. There should be no clinics that only provide ARVs.  
+ When clinical services are not available, PEPFAR should set up a referral network for patients  
+ Treatment literacy training for 100% of new people enrolled in care  
+ Train clinicians on common HIV co-morbidities. Conduct weekly review of records and deaths in health facilities to fully diagnose cause of death and correct potential problems in clinical management.  
+ Strengthen collaboration between the TB/HIV program management team and the other service points in the institutions. More specifically, maternal and women’s health, and the non-communicable diseases service (hypertension and diabetes etc.), to diagnose other diseases at an early stage and treat them accordingly in PLHIV. |
| Pg. 37: “PEPFAR-Haiti will ensure that completing the TB screening section is mandatory in the electronic form and no patient chart or record can be saved without these specific variables. During COP2022/FY23, the PEPFAR team will continue to work with IPs for additional guidance in terms of systematic TB screening and accurate reporting for all ART patients at least once during a semi-annual period. Innovative approaches for TB screening will be introduced including community TB screening, virtual TB screening, LF-LAM tests.” | + All HIV-positive patients should be screened for TB once every six months  
+ Establishments that provide TB and HIV care should be integrated to ensure better follow-up of co-infected patients, and establishments that do not have a TB clinic should have ongoing communication with the clinic where the TB patient was referred for better follow-up.  
+ Require clinics to offer 100% of active PLHIV on ARV at least one annual check-up, providing care for the patients holistic needs, in order to avoid premature deaths due to other medical issues not covered by the HIV program. |
### 2.4 Repair all damaged buildings and furnish clinics

**Pg. 42:** “During COP2020, extended clinic hours were available to clients before or after regular work hours, during some weeks, at some PEPFAR-supported sites in arrondissements with the highest HIV burden. Some clinics were opened on 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 during regular hours. For COP2022, those activities will be scaled up based on the location and client’s needs, following the PLR assessment in understanding the reasons for missed appointments.”

<table>
<thead>
<tr>
<th>COP22 SDS Language</th>
<th>COP23 Recommendation</th>
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</thead>
<tbody>
<tr>
<td>+ PEPFAR should ensure regular maintenance of clinics and prompt repair of damaged health structures. PEPFAR should implement a tracking system to ensure ongoing maintenance of clinics and have an annual physical assessment of all buildings.</td>
<td>+ PEPFAR should ensure regular maintenance of clinics and prompt repair of damaged health structures. PEPFAR should implement a tracking system to ensure ongoing maintenance of clinics and have an annual physical assessment of all buildings.</td>
</tr>
<tr>
<td>+ Health centers should staff for the night shift, weekends, and public holidays in order to ensure the follow-up of cases of rape, accidental exposures to blood, and distribution of condoms and lubricants.</td>
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</tr>
</tbody>
</table>

### 3. Public health systems and security

#### 3.1 End the practice of separating PLHIV from other chronic patients in clinics

**Pg. 2:** “Building on this, the second prong is geared toward guaranteeing continuity of treatment, viral load coverage and suppression by reinforcing and enhancing the patient experience through complementary, person-centered, quality, equitable, and integrated services, with an emphasis on respect of human rights.”

<table>
<thead>
<tr>
<th>COP22 SDS Language</th>
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<tbody>
<tr>
<td>+ Clinics should be reorganized and restructured to end the separation of PLHIV from other chronic patients in waiting rooms, queues and examination rooms. PEPFAR must put in place strategies for the reorganization and restructuring of 100% care facilities so that available HIV services are not separated from other regular services. There are currently facilities that are successfully onboarding patients, so PEPFAR should learn from these sites.</td>
<td>+ Clinics should be reorganized and restructured to end the separation of PLHIV from other chronic patients in waiting rooms, queues and examination rooms. PEPFAR must put in place strategies for the reorganization and restructuring of 100% care facilities so that available HIV services are not separated from other regular services. There are currently facilities that are successfully onboarding patients, so PEPFAR should learn from these sites.</td>
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<td>+ PEPFAR should put in place strategies for the reorganization and restructuring of 100% care facilities so that available HIV services are not separated from other regular services.</td>
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<td>+ There are currently facilities that are successfully onboarding patients, so PEPFAR should learn from these sites.</td>
<td>+ There are currently facilities that are successfully onboarding patients, so PEPFAR should learn from these sites.</td>
</tr>
</tbody>
</table>

#### 3.2 Support community organizations to provide care

**Pg. 5:** “Attrition among healthcare providers at PEPFAR-supported facilities, PEPFAR-supported implementing partners, and PEPFAR-Haiti’s locally engaged staff is also a challenge.”

<table>
<thead>
<tr>
<th>COP22 SDS Language</th>
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</thead>
<tbody>
<tr>
<td>+ Increase the salary bands by at least 20% to ensure better compensation of staff involved in patient care, with a minimum salary of HTG 50,000. PEPFAR must work with all partners to ensure fair compensation, pension plans, and better staff management.</td>
<td>+ Increase the salary bands by at least 20% to ensure better compensation of staff involved in patient care, with a minimum salary of HTG 50,000. PEPFAR must work with all partners to ensure fair compensation, pension plans, and better staff management.</td>
</tr>
<tr>
<td>+ PEPFAR should work with all partners to ensure fair compensation, pension plans, and better staff management.</td>
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</tr>
</tbody>
</table>

### 4. Transformative partnerships

#### 4.1 Strengthen partnerships with the PNLS to ensure proper monitoring of clinics

**Pg. 28:** “This campaign is marked by weekly data monitoring, closersupervision of implementation partners and sites, guidance from MSPP with the input and feedback from CSO and PLHIV associations, and a welcoming non-judgmental attitude from providers towards people returning on treatment.”

<table>
<thead>
<tr>
<th>COP22 SDS Language</th>
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<tbody>
<tr>
<td>+ Regular monitoring and evaluation visits by PNLS, in partnership with the departmental public health directorate and implementing partners, must be strengthened and performed at least quarterly, in order to better monitor clinics.</td>
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</tr>
</tbody>
</table>

#### 4.2 Support community organizations to provide care

**Pg. 11:** “The engagement of civil society organizations (CSOs), particularly PLHIV and key population associations, will be a key component of the COP2022 overall strategy.”

<table>
<thead>
<tr>
<th>COP22 SDS Language</th>
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</tr>
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<tbody>
<tr>
<td>+ PEPFAR should increase funding to local, civil society and community organizations. Special financing mechanisms, including least 10 micro-grants per year for PLHIV and KPs associations, should be pursued to reduce administrative burden for small organizations.</td>
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</tr>
</tbody>
</table>

**Pg. 34:** “The overall strategies will continue to support and involve KP-led organizations in HIV programming such as needs assessment, interventions design, implementation, monitoring, evaluation, and learning. LGBTQ organizations will be involved in community drug distribution and will participate in the task force to retain patients in care and bring back those with interruption of treatment.”

<table>
<thead>
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<tbody>
<tr>
<td>+ Maximize the roles and contribution of key population organizations, civil society and communities for more equitable and sustainable HIV and health system outcomes.</td>
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</tr>
<tr>
<td>+ PEPFAR should ensure through its IPs capacity building and improved human and financial resources, with the aim of enabling community actors to play a more effective and comprehensive role in contributing to the sustainability and more equitable HIV and health system outcomes. In terms of capacity to extend services: 95% of CSOs do not have the logistical means necessary for the work entrusted to them (not even a motorcycle).</td>
<td>+ PEPFAR should ensure through its IPs capacity building and improved human and financial resources, with the aim of enabling community actors to play a more effective and comprehensive role in contributing to the sustainability and more equitable HIV and health system outcomes. In terms of capacity to extend services: 95% of CSOs do not have the logistical means necessary for the work entrusted to them (not even a motorcycle).</td>
</tr>
<tr>
<td>+ PEPFAR should enable CLM activities to be extended to all departments so that the CLM data can used to improve the services offered in the HIV program.</td>
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</tr>
<tr>
<td>+ PEPFAR should expand community systems strengthening (CSS) for health through monitoring and accountability activities, advocacy, social mobilization and awareness-raising with an emphasis on the need to maximize the contribution of key population organizations and of civil society, within the framework of Universal Health Coverage (CUS).</td>
<td>+ PEPFAR should expand community systems strengthening (CSS) for health through monitoring and accountability activities, advocacy, social mobilization and awareness-raising with an emphasis on the need to maximize the contribution of key population organizations and of civil society, within the framework of Universal Health Coverage (CUS).</td>
</tr>
</tbody>
</table>
### COP22 SDS Language vs. COP23 Recommendation

#### 4.3 Professionalize and strengthen the capacity of multipurpose community health workers (ASCP)

**Pg. 52:** “In COP2022, PEPFAR-Haiti will continue to support the implementation of task shifting training for nurse practitioners, and the integration of HIV-specific tasks in the training curriculum for polyvalent CHWs (ASCPs).”

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<tbody>
<tr>
<td>+PEPFAR should work with IPs to increase compensation for ASCPs, peer educators, and other community health workers by 50%, including reimbursement of transportation costs for work performed in communities.</td>
<td>+PEPFAR should require partners to professionalize the work of peer educators. All community workers and field health workers should be hired as regular staff and should receive standard salaries. Work-related expenses, such as transportation, must be fully reimbursed in addition to their regular salary.</td>
</tr>
<tr>
<td>+PEPFAR should work with IPs to increase compensation for ASCPs, peer educators, and other community health workers by 50%, including reimbursement of transportation costs for work performed in communities.</td>
<td>+Train and fund all multi-purpose community health workers to go to the community, especially in remote areas, to find women of childbearing age, pregnant women, or breastfeeding women in order to sensitize them to bring them back to care.</td>
</tr>
<tr>
<td>+Maintain close relationships with patients that are not just about distributing medicines. This would involve developing friendly relationships that would be based on trust and respect for patient privacy. Patient supporters are the main people who can help establish this relationship of trust. In this sense, it is essential to provide biannual training for supporters in order to refresh them on their duties and expectations. In addition, supporters should be professionals with specific skills in conflict management and organizational leadership.</td>
<td>+PEPFAR should work with IPs to increase compensation for ASCPs, peer educators, and other community health workers by 50%, including reimbursement of transportation costs for work performed in communities.</td>
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#### 4.4 Partner with other development organizations to scale up nutrition support

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<tbody>
<tr>
<td>+Develop a partnership with organizations such as WFP, FAES and Food for the Poor in order to provide nutritional support to young adolescents and young girls.</td>
<td>+PEPFAR must promote through its financing the respect of the commitment of the Member States of the United Nations aiming at guaranteeing that by 2030 the communities and community actors manage a minimum of 30% of the services offered in terms of prevention and treatment in strategies advances.</td>
</tr>
</tbody>
</table>

#### 5. Follow the science

##### 5.1 Provide a fair and efficient biometric system

**Pg. 44:** “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.”

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<tbody>
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<td>+PEPFAR should conduct a review of the biometric system in clinics, including asking IPs to report on the proportion of patients whose fingerprints are not registered in the system.</td>
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</tr>
<tr>
<td>+All active patients on ARVs should have their fingerprints in the system, patients should be informed of the need to have their fingerprints taken and providers should invite them to register, which will help eliminate duplicates for better management of the HIV program.</td>
<td>+All active patients on ARVs should have their fingerprints in the system, patients should be informed of the need to have their fingerprints taken and providers should invite them to register, which will help eliminate duplicates for better management of the HIV program.</td>
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</table>

##### 5.2 Develop a viral load testing system that provides timely and usable results to patients and clinics

**Pg. 29:** “Starting in COP2021 and continuing in COP2022, newly diagnosed PLHIV will benefit from a viral load test as a baseline measurement, and strict monitoring of viral load will continue after ART initiation as prescribed by national guidelines, to assess the success of the ART treatment and adjust quickly when necessary.”

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<tr>
<td>+Document in 100% of patient records when they have received a viral load test and ensure that these results are communicated to the patient.</td>
<td>+Document in 100% of patient records when they have received a viral load test and ensure that these results are communicated to the patient.</td>
</tr>
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<td>+Set up laboratory units in the 10 departmental hospitals to support viral load testing, in order to avoid delays in communicating results to clinics and patients, and avoid to duplicate blood draws and testing among patients who are already reluctant to donate blood.</td>
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