

SDS Addendum for COP23 Y2/FY25

Strategic Shifts and Key Agreements

NOTE: Addendum only highlights changes from COP23 year 1, if not mentioned below, programming will be maintained as agreed upon in COP23 year 1 SDS

Adjustments to the Program:

Prevention:

In COP 23 Year 2, PEPFAR will support the pilot implementation of PrEP long-acting injectable Cabotegravir (CAB-LA) at one (1) PEPFAR supported site. The existing targeted population for oral PrEP will be also eligible for CAB-LA with a particular focus on the clients with poor adherence to oral PrEP. PEPFAR will focus on enhancing the monitoring of CAB-LA implementation and adverse events. The lessons learnt from the pilot phase will inform future expansion of CAB-LA.

During FY25, PEPFAR will prioritize VMMC services on males aged 15-29 and support VMMC campaigns in districts with low performance and provinces with low VMMC coverage while in the rest of the districts, there will be passive VMMC service delivery, therefore a reduction of COP 23 Year 2 targets.

The 2023 Female sex workers bio-behavioral survey (BBS) and population size estimation (PSE) showed a stable HIV prevalence among FSW compared to the 2019 BBS/PSE, 35.5% vs 35.2%. PSE BSS estimated more FSWs with 98,587 in 2023 vs 37,647 in 2022. The PSE difference may be due to change in the PSE methodology where in 2022 PSE was only limited to street and venue based FSW, whereas the 2023 PSE includes previously non-reachable FSW categories (i.e., Home, web, pimps).

To sustain the quality of prevention services, PEPFAR will find efficiency from routine capacity building strategies including training, supervision, and mentorship and enhance the use of online platforms including eLearning and tele-mentorship. In addition, PEPFAR will enhance the use of data through quarterly IPs MER data review as well as semiannually review of KP hotspots, in technical working group to identify the right geographic areas and population to be to target for testing and prevention interventions. Within military settings, in-person training will be limited to new health care providers. Existing healthcare providers will receive refresher training through e-learning platforms.

In the second year of COP23, there will be a notable shift in focus on Adolescent Girls and Young Women (AGYW), with the DREAMS AGYW_PREV target reducing from 91,388 to 71,909, marking a 21% decrease. This adjustment is a result of a 10% budget reduction and increased focus on DREAMS Enabling Environment in line with DREAMS NextGen guidance.

Following the new DREAMS NextGen guidance, 16% of the DREAMS budget will be allocated to enhance DREAMS Enabling Environment initiatives; with ACHIEVE leading the implementation of a robust Enabling Environment package at both national and district levels. Furthermore, ACHIEVE's crucial role as a technical assistance mechanism for local partners will extend beyond COP23 Year 2. This extension

underscores focused dedication to strengthening and expanding DREAMS Enabling Environment interventions, ensuring long-term progress and impact by increased interventions targeting norms change, positive parenting and violence prevention.

Another important shift in COP23 Year 2 involves halting new enrollments of AGYW in Nyanza district. This decision is informed by data indicating lower HIV/AIDS risk factors and new infections among AGYW in the district. The 6,288 AGYW enrolled in COP 23 year one will be maintained in the program and will continue to receive their primary, secondary, and contextual services until completion. Additionally, Nyanza will still benefit from support through the DREAMS Enabling Environment package, just like other participating districts. The team will carefully plan a smooth transition out of Nyanza while gearing up to introduce DREAMS Enabling Environment initiatives in Bugesera district in COP25.

In an effort to build meaningful partnerships that empower AGYW, DREAMS will collaborate closely with the Mastercard Foundation and BRAC to improve upon the existing DREAMS Empowerment and Livelihood for Adolescent (ELA) model with specific focus on bridge to employment, access to finance for those doing entrepreneurship, market-driven skill building, mentorship and coaching. The shared goal will provide complementary value addition to enhance economic opportunities for AGYW and cultivate sustainable and impactful change.

Care and Treatment:

Care and treatment programmatic activities prioritized in COP 23 Year 1 will continue in Year 2. Strategic shifts propose to find efficiencies in program implementation while maintaining service quality. Those efficiencies include but are not limited to minimizing in person trainings and on-site clinical mentorship in favor of using online learning platforms (e-learning) and tele-mentorship; enhance integrated services delivery including TB case finding and treatment; and support patient centered services for PLHIV with poor outcomes.

Strategic Information:

Health Information Systems: A shift from software development and deployment to systems maintenance and data use will be the key focus in COP23 Year 2. A decentralized support approach, coupled with remote system monitoring and the use of tele-mentorship platform for capacity building, will ensure key systems such as EMRs and RHIES are fully functional, and data are complete and of high quality. As part of data use strategies, the emphasis on capacity building through mentorship and the development of advanced analytics and reporting capabilities will be pivotal.

Surveys and Surveillance: PEPFAR continues to collaborate with the Global Fund to support integrated bio-behavioral surveys (IBBS) and population size estimations (PSE) among key populations including FSW and MSMs. With financial support from Global Fund and technical assistance from PEPFAR, the next MSM IBBS and PSE will now be conducted in FY24 and not FY25 as earlier proposed. This will ensure that new data on MSMs are available 3 years after the last survey that was conducted in 2021. (SDS – Pg. 88).

Supply Chain

In the 4th quarter of COP23 year-1, Rwanda has planned to introduce injectable cabotegravir (CAB-LA) in the national program through PEPFAR central funds. An estimated one thousand (1,000) PrEP customers are targeted in Kigali to understand the acceptance of CAB-LA in Rwanda. Based on the review of acceptance rate, the national program will plan to scale-up CAB-LA during the COP25 implementation year.

In COP23 year -2, Rwanda has planned to transition the pediatrics dual fixed dose combination (ABC-3TC 120/60 mg) and loose DTG 10mg to the new triple fixed dose combination therapy i.e. pediatric abacavir-lamivudine-dolutegravir (pALD) 60/30/5 mg. To introduce the pALD in the national supply chain, there are planned shipments in COP 23 year-2 both from PEPFAR and GFATM. The joint team of care and treatment, and supply chain has prepared a smooth transition plan from ABC-3TC + DTG 10mg to pALD.

Planning for priority commodity procurement in COP 23 year 2 was difficult and will continue to be challenging in future years. Stock levels of ARVs and VL commodities must be closely monitored, and the team will advocate with GOR and Global Fund to increase other funding sources for national HIV commodities outside of PEPFAR funds. Inclusion of the full budget for PEPFAR-supported commodities in the upcoming early funding CN is also critical.

Activities at risk of affecting FY25 performance:

Due to the delay in awarding LIF-UP funds to implementing partners (IPs), the activities related to surge case finding at health facilities and using community health workers in communities to close the children Living with HIV gap in targeted high burden areas were delayed. USG teams are working with the IPs to develop and implement a catch-up plan. These activities are likely to be completed in FY 25

Updated Target Tables:

Target Table 1: ART Targets by Prioritization for Epidemic Control							
Prioritization Area	Total PLHIV (FY25)	New Infections (FY25)	Expected Current on ART (FY24) TX_CURR	Current on ART Target (FY25) TX_CURR	Newly Initiated Target (FY25) TX_NEW	ART Coverage (FY24)	ART Coverage (FY25)
Attained	229,161	2,405	130,725	131,840	4,584	97%	
Scale-Up Saturation							
Scale-Up Aggressive							
Sustained							
Central Support							
Commodities (if not included in previous)							

categories)							
No Prioritization			3312	3513	175		
Total	229,161	2,405	134,037	135,353	4,759	97%	98%

Target Table 2: VMMC Target and Saturation by SNU

SNU 1	Fiscal Year	2024			2025		
	PSNU (Planning Year)	Estimated Population Male	VMMC_CIRC Target	Expected Coverage	Estimated Population Male	VMMC_CIRC Target	Expected Coverage
Total		4,110,231	160,001	80.5%	4,110,231	143,626	85.4%
_Military Rwanda	_Military Rwanda		80,001			80,001	
East	East	901,716	17,600	73.8%	901,716	16,543	78.3%
Kigali City	Kigali City	510,443	9,600	98.0%	510,443	7,635	103.1%
North	North	606,645	13,601	86.5%	606,645	9,545	92.1%
South	South	1,124,203	19,199	71.8%	1,124,203	19,088	77.1%
West	West	967,224	20,000	85.1%	967,224	10,814	89.4%

Target Table 3.1: Target Population for Prevention Interventions

SNU 1	Total Population	PLHIV	PLHIV	KP_PREV Target	KP_PREV Target	PP_PREV Target	PP_PREV Target	AGYW_P REV Target	AGYW_PREV Target
		2024	2025	2024	2025	2024	2025	2024	2025
Total	13,755,934	235,272	229,161	42,819	42,548	122,459	105,357	91,388	71,909
_Military Rwanda				819	6,000	7,985	8,000		
East	3,017,097	53,192	52,149	7,400	6,653	19,392	19,409	15,032	14,830
Kigali City	1,707,912	62,051	60,884	16,444	13,438	79,287	67,327	64,607	50,791
North	2,030,593	25,449	24,559	3,609	3,281	50	41		
South	3,764,053	46,211	44,814	7,006	6,382	15,620	10,478	11,749	6,288
West	3,236,279	48,369	46,755	7,541	6,794	125	102		

Target Table 3.2: Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations	Population Size Estimate* (SNUs)	Disease Burden*	FY24 Target	FY25 Target
FSW (KP_PREV)	98,587	35.98%	32,819	36,034
MSM (KP_PREV)	17,082	6.87%	10,000	6,482
Clients of FSW (PP_PREV)			24,735	21,566
AGYW 15-24 (PP_PREV)		0.82%	84,775	71,479
Male Partners of AGYW 15-24			5,164	6,240

Target Table 4: Target for OVC and Linkage to HIV Services

PSNU (Planning Year)	Estimated # of OVC	OVC_SERV Comprehensive	OVC_SERV Target Preventive	OVC_SERV Target DREAMS	OVC_HIVSTAT Target
East		15,242	3,000	5,684	10,432
Kigali City		25,861	10,500	12,253	22,100
South		15,084	3,000	3,780	10,717
West		47,754	3,500		37,080
Total	392,644	103,941	20,000	21,717	80,329

Indicator	Numerator Denominator	Operating Unit	FY 24 Actual Target	FY25 Actual Target	FY25 Notional Target
PLHIV	N	Rwanda	235,272	229,161	233,647
AGYW_PREV	D	Rwanda	91,388	71,909	91,388
	N	Rwanda	80,855	50,760	80,855
GEND_GBV	N	Rwanda	13,459	12,939	13,459
HTS_INDEX	N	Rwanda	45,946	44,432	1,154
HTS_INDEX_NEWNEG	N	Rwanda	44,009	42,886	
HTS_INDEX_NEWPOS	N	Rwanda	1,937	1,546	1,154
HTS_RECENT	N	Rwanda	5,473	4,865	2,612
HTS_SELF	N	Rwanda	52,212	47,167	52,212
HTS_TST	N	Rwanda	407,344	453,651	117,432
HTS_TST_POS	N	Rwanda	3,815	3,757	2,880
OVC_HIVSTAT	N	Rwanda	82,423	80,329	82,423
OVC_SERV	N	Rwanda	170,818	145,658	170,818
PMTCT_ART	D	Rwanda	2,608	2,343	2,711
	N	Rwanda	2,600	2,320	2,705
PMTCT_EID	N	Rwanda	2,719	2,455	
PMTCT_STAT	D	Rwanda	117,160	117,819	
	N	Rwanda	117,160	117,819	117,263
PMTCT_STAT_POS	N	Rwanda	2,608	2,343	2,711
PP_PREV	N	Rwanda	122,459	105,357	122,459
PrEP_CT	N	Rwanda	7,252	19,618	7,252
PrEP_NEW	N	Rwanda	9,668	11,701	9,668
TB_PREV	D	Rwanda	15,744	8,002	8,542
	N	Rwanda	14,798	7,604	8,116
TX_CURR	N	Rwanda	134,037	135,353	134,037
TX_NEW	N	Rwanda	6,204	4,759	2,735
TX_PVLS	D	Rwanda	128,172	130,011	129,155
	N	Rwanda	125,518	126,111	122,699
TX_TB	D	Rwanda	132,829	135,292	132,762
VMMC_CIRC	N	Rwanda	160,001	143,626	160,001

1. Updated Budget Tables

Pending

2. Above Site Updates:

Above site investment activities planned in COP 23 Year 2 will continue from Year 1 of COP 23 implementation, with a focus to leverage the telementorship platform and eLearning as a tradeoff in finding efficiencies while maintaining the quality-of-service delivery using cost- effective approaches.

In COP 23 Year 2 Implementation, telementorship program will be deployed to 100% of PEPFAR supported sites through the scale up to health center level; the eLearning program will be enhanced and fully functional to support and accommodate more e-learning trainings/models on the platform.

3. USG staffing updates:

- PEPFAR Coordinating Office (PCO): No change in COP23 Year 2
- Centers for Disease Control and Prevention: No change in COP23 Year 2
- USAID: No change in COP 23 year 2
- DOD: No change in COP23 Year 2

4. Sustainability Roadmap:

UNAIDS and PEPFAR will support the government of Rwanda in their prioritization of investments in the sustainability roadmap development. PEPFAR has invested in laboratory, data and supply chain systems in previous years and will use the sustainability roadmap development as an opportunity to review and discuss USG investments in systems. For COP23 Year 2, systems investments are built on the agreements made in COP23 year 1.

5. Resource Commitments

PEPFAR Rwanda will support the Sustainability Roadmap Development within country subject matter experts and tapping into headquarters technical assistance opportunities where available. PEPFAR has limited resources to support hiring a consultant but may have the bandwidth to co-finance convening meetings.