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May 29, 2019

**ACTION MEMO FOR DEBORAH L. BIRX, AMBASSADOR-AT-LARGE;
COORDINATOR OF THE UNITED STATES GOVERNMENT
ACTIVITIES TO COMBAT HIV/AIDS AND U.S. SPECIAL
REPRESENTATIVE FOR GLOBAL HEALTH DIPLOMACY**

SUBJECT: Rwanda Country Operational Plan 2019 Approval

Recommendations

Approve the Rwanda Country Operational Plan (COP) 2019 with a total budget of \$70,700,000 (including all initiatives and applied pipeline) to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

Rwanda	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	63,301,700	7,398,300	70,700,000
COP 19 Bilateral	63,301,700	7,398,300	70,700,000

* New Funding may refer to FY 2019 or other FY appropriations newly allocated for implementation in FY 2020 with COP 2019; accounts indicated in detailed tables.
** Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with COP 2019

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of \$70,700,000. **Any prior year funds that are not included within this COP 2019 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2020 without additional written approval.** The new FY 2019 funding and prior year funds approved within this memo as a part of the total COP 2019 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2020 – must be submitted to and approved by S/GAC.

Approved funding will be made available to agency headquarters for allocation to country platform to implement COP 2019 programming and priorities as outlined below and in the appendix.

Approve access for the Rwanda PEPFAR program of up to \$686,156 in central funding for the procurement of condoms and lubricants.

Rwanda must fully achieve approved COP 2018 (FY 2019) treatment current (TX_CURR) targets in order to execute the COP 2019 strategy. Suboptimal COP 2018 performance jeopardizes COP 2019 funding and may result in updates to this approval and a decrease to the COP 2019 funding.

Given S/GAC's concerns with the transition to TLD and the need to ensure that all data reviews have a national perspective, S/GAC directs agencies to hold all COP 2019 funds programmed to the Ministry of Health at headquarters until they receive specific S/GAC approval to release the funds. This will be contingent upon a formal commitment or a drafted policy to offer TLD to all (including women of child-bearing age regardless of contraceptive use), and a national data sharing agreement that will allow review of PEPFAR and national clinical cascade data on a quarterly basis.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners in Johannesburg, South Africa during the March 4-9, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Rwanda's virtual COP 2019 approval with Ambassador Bix on April 16, 2019.

Program Summary

Based on the recent HIV survey results, Rwanda has controlled its HIV epidemic. Consequently, the country program will move to sustaining the gains made over the past 16 years as a result of the \$1,301,010,468 U.S. Government investment and \$978,103,263 Global Fund investment. Funding and targets for Rwanda's Country Operational Plan (COP) 2019 will support PEPFAR Rwanda's transition to a HIV/AIDS sustaining program. The central priority for PEPFAR Rwanda in COP 2019 will shift programming from aggressive scale-up of active case-finding to sustaining epidemic control through prevention interventions and case-based surveillance. This will require close collaboration with the Rwanda Ministry of

Health and the Global Fund to fully optimize and sustain impact across the country. PEPFAR Rwanda will use the recently released preliminary Rwanda Population-based HIV Impact Assessment (RPHIA) data to address the remaining gaps in case-finding and develop strategies to identify at least 95% of the people living with HIV (PLHIV) by the end of COP 2018 (FY 2019). PEPFAR Rwanda will ensure that of the estimated 230,119 PLHIV, the country will achieve its goal of 95% of PLHIV diagnosed (218,613), 95% of those diagnosed on treatment (207,682) and 95% of those on treatment virally suppressed by 2020 (197,298). The Orphans and Vulnerable Children (OVC) program will serve 130,237 beneficiaries. PEPFAR Rwanda will also scale up tuberculosis (TB) preventive treatment (TPT) in COP 2019 to ensure at least 44,939 are on track to complete a course of therapy.

PEPFAR Rwanda is on track to achieve PEPFAR's minimum requirements by the end of COP 2019 (FY 2020). Requirements of significant importance to the transition to maintenance of epidemic control in Rwanda are: improvements in index testing and self-testing, acceleration of the transition to optimized antiretroviral (ART) regimens, improvements in viral load suppression in populations and at sites that are lagging, scale-up of TPT, and refinement and roll-out of the national case-based surveillance system. Development of successful programming to meet these requirements is dependent on key policy shifts within the Ministry of Health – shifts which are already underway.

During COP 2019, PEPFAR Rwanda will pivot case-finding strategies to include only index and recency testing, using limited diagnostic testing in the facilities for the general population. Enhanced case-based surveillance will allow more focused case-finding and targeted interventions. PEPFAR will continue focused prevention and treatment services and maintain community index, social, and sexual network testing for key populations (KPs). Per the agreements made during the Johannesburg COP 2019 Meetings, PEPFAR Rwanda will transfer all facility-based testing to the Rwanda Ministry of Health; this transition is expected to be complete by the beginning of FY 2020. The government of Rwanda will continue to refine testing strategies and develop policy to ensure efficient and effective testing in the future.

As a result of the policy changes for case-finding, the PEPFAR Rwanda program will redirect resources to improving the continuum of care. The program will continue to improve linkage and retention to ensure that all PLHIV receive and are maintained on treatment and achieve viral load suppression. In addition, the PEPFAR Rwanda programmatic strategies to be implemented in FY 2020 are

based on a thorough review of programmatic data and ongoing analyses of the RPHIA results as well as discussions with civil society and community organizations and implementing partners. COP 2019 plans through FY 2020 will support strategies to achieve the PEPFAR minimum requirements and ensure epidemic control is maintained, with a particular focus on enhancing programming for adult men, OVC, adolescent girls and young women (AGYW), and KPs through comprehensive prevention programming for HIV and sexual violence. Funding during FY 2020 will expand targeted testing and enhanced messaging campaigns to reach men. Historically, efforts to encourage HIV testing among men relied on ominous messages about the consequences of failing to get diagnosed and take treatment, but recent surveys show those messages to be sub-optimal. PEPFAR Rwanda will revamp outreach to men by utilizing positive, empowering male-focused messaging to encourage men at risk to be tested. PEPFAR Rwanda will use new evidence confirming that PLHIV with viral suppression do not transmit the virus and additional resources from the MenStar Campaign and engagement with communities of faith. Clinics will be made more attractive to men through specific branding and improved services, including extended hours and confidential service provision, private and efficient service delivery, and online appointment booking services. Self-testing will be targeted in locations where men frequent, and efforts to reach clients of female sex workers will be intensified.

TPT is an important strategy to lowering mortality among PLHIV. Rwanda committed to implementing TPT during the COP 2018 implementation cycle (FY 2019) and the Ministry of Health has already promulgated policy. This strategy will be expanded for implementation in FY 2020. The programmatic goal for Rwanda is to ensure that all PLHIV who are eligible for TPT receive it by the end of FY 2021 (end of COP 2020).

The PEPFAR Rwanda program is committed to optimizing treatment; as such, they are accelerating transition from older regimens, such as nevirapine-based therapy, to tenofovir/lamivudine/dolutegravir (TLD), the best ART regimen available. No donor funding will be used to procure nevirapine, and all patients on nevirapine regimens will be transitioned to optimal regimens by October 2019. The Ministry is developing policy to offer TLD to all persons who meet weight criteria, including women of child-bearing age. It is critical to offer TLD to all women, without a requirement for contraception; this approach puts patients at the center of their own care and allows the patient to make the best decision for herself.

Rwanda scaled up an effective HIV prevention program built around impactful OVC and DREAMS interventions. With funding in FY 2020, the OVC and DREAMS program will be further refined with a stronger focus on sexual violence prevention among 9-14 year olds, including greater inclusion of sexually active boys and young men; refined enrollment criteria and tighter targeting of the most vulnerable children and AGYW; enhanced systematic linkage/referrals; and transition of at least 70% of programming to indigenous partners. Prevention efforts targeting men will be enhanced by targeting the Voluntary Medical Male Circumcision (VMMC) program to districts with currently unmet need, as determined by the RPHIA results.

As Rwanda improves ART coverage in the general population, it is increasingly important to ensure that KPs, who are often marginalized, are fully reached. The Rwanda PEPFAR program must be confident that effective outreach efforts are maintained, and that all female sex workers and their clients have ready access to testing and treatment. In FY 2020, this will be realized through expansion of sexual and social network testing, geographic distribution of KP case-finding strategies based on saturation and identified unmet need, real-time recency and dashboard data review to identify hotspots, monthly KP implementing partner coordination meetings to find program efficiencies and best practices, KP-friendly distribution of self-test kits, and continued improvement of KP-friendly services.

Ongoing maintenance of epidemic control will rely on sensitive surveillance and guaranteed delivery of quality-assured drugs. In order to build a sustainable PEPFAR program, these capacities will be developed and refined within the Rwanda Ministry of Health now, as agreed upon during the COP 2019 Meetings held in Johannesburg. Currently, the Rwanda PEPFAR program is implementing and scaling-up a paper, case-based surveillance system and began development of a digital platform. In COP 2019, the Rwanda PEPFAR program will ensure that case-based surveillance is integrated within national guidelines and the digital platform utilizing unique personal identifiers is implemented. The Rwanda PEPFAR program will also intensify technical assistance to ensure that the Medical Procurement and Production Division (MPPD) of the Ministry of Health is transitioned to a fully functional para-statal organization by the end of COP 2019 (FY 2020).

Overarching health system support, including a strong national surveillance system, coupled with recency testing, will allow PEPFAR Rwanda and the Ministry of Health to carefully identify, analyze, and target new hotspots of HIV transmission as they develop in real time – interrupting transmission and ensuring

long-term epidemic control. This surveillance system is also a foundation of a strong health security agenda; it is being developed with the expectation that it will be used to track other infectious diseases in Rwanda. In order to ensure that HIV care is integrated into broader primary care, PEPFAR will continue investments in the laboratory platform, to ensure a fully functional system with reliable specimen transportation, and support for human resources will focus on service integration at the facility level. These investments will leverage resources and build efficiency within the overall health system. This health system strengthening program will allow PEPFAR Rwanda to eventually transition direct service delivery, case surveillance, and monitoring client outcomes to the Ministry of Health without reducing funding for efforts to continuously improve program quality.

The COP 2019 strategy expects to meet all PEPFAR minimum program requirements. The team must assure that the transition away from nevirapine regimens continues on schedule with all nevirapine use in adults phased out by September 2019. All populations must have access to dolutegravir-based regimens without a specific requirement for contraceptive use among women of childbearing potential and a national Rwanda policy must be established imminently and enacted in COP 2019. Scale up of viral load testing must continue to reach at least 95% coverage of those on treatment and efforts to maximize viral load suppression across all clinics must be maintained and demonstrate improvements year to year. Efforts to increase domestic resource mobilization should expand. Because the emphasis is on national epidemic control, all program reviews should be done at the national level (i.e., not just at PEPFAR-supported facilities). To facilitate this approach, a data-sharing agreement between the PEPFAR team and the Ministry of Health needs to be in place so that both the Ministry and PEPFAR program staff can follow the clinical cascade during the quarterly reviews. COP 2019 Ministry of Health funds will be released from the agencies when the two stipulations above are met: a firm, formal commitment or a drafted policy to offer TLD to all (including women of child-bearing age regardless of contraceptive use), and a national data sharing agreement.

Funding Summary

All COP 2019 funding summarized in the chart below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

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Rwanda	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
DOD TOTAL	4,050,677	-	-	4,050,677	128,007	4,178,684
<i>of which, VMMC</i>	2,813,726	-	-	2,813,726	115,577	2,929,303
HHS TOTAL	25,134,043	-	1,440,625	26,574,668	6,703,684	33,278,352
HHS/CDC	25,134,043	-	1,440,625	26,574,668	6,703,684	33,278,352
<i>of which, Surveillance and Public Health Response</i>	2,553,083	-	-	2,553,083	538,904	3,091,987
<i>of which, VMMC</i>	3,486,623	-	-	3,486,623	-	3,486,623
STATE TOTAL	185,394	-	-	185,394	-	185,394
State	7,000	-	-	7,000	-	7,000
State/PRM	178,394	-	-	178,394	-	178,394
USAID TOTAL	32,490,961	-	-	32,490,961	566,609	33,057,570
USAID, non-WCF	22,220,743	-	-	22,220,743	566,609	22,787,352
<i>of which, DREAMS</i>	5,116,307	-	-	5,116,307	-	5,116,307
<i>of which, USAID LES</i>	200,000	-	-	200,000	-	200,000
<i>of which, VMMC</i>	257,595	-	-	257,595	-	257,595
USAID, WCF	10,270,218	-	-	10,270,218	-	10,270,218
<i>of which, Surveillance and Public Health Response</i>	617	-	-	617	-	617
<i>of which, VMMC</i>	439,049	-	-	439,049	-	439,049
TOTAL	61,861,075	-	1,440,625	63,301,700	7,398,300	70,700,000
<i>of which, DREAMS</i>	5,116,307	-	-	5,116,307	-	5,116,307
<i>of which, Surveillance and Public Health Response</i>	2,553,700	-	-	2,553,700	538,904	3,092,604
<i>of which, USAID LES</i>	200,000	-	-	200,000	-	200,000
<i>of which, VMMC</i>	6,996,993	-	-	6,996,993	115,577	7,112,570

* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2020

GHP-State Funds: Upon the clearance of a FY 2019 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as

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documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2019 total budget level and documented within COP 2019 partner budgets are not to be executed or outlayed without written approval from the Global AIDS Coordinator.

FY 2020 Target Summary

FY 2019 funds are released and COP 2019 applied pipeline is approved to achieve the following results in FY 2020.

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Rwanda		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	11,013					11,013
	15+	23,839					23,839
	Total	34,852	-	-	-	-	34,852
HTS_TST	<15	11,983					11,983
	15+	46,010					46,010
	Total	57,993	-	-	-	-	57,993
HTS_TST_POS	<15	446					446
	15+	4,346					4,346
	Total	4,792	-	-	-	-	4,792
TX_NEW	<15	444					444
	15+	2,556					2,556
	Total	3,000	-	-	-	-	3,000
TX_CURR	<15	5,468					5,468
	15+	117,467					117,467
	Total	122,935	-	-	-	-	122,935
TX_PVLS	<15	4,915					4,915
	15+	101,070					101,070
	Total	105,985	-	-	-	-	105,985
CXCA_SCRN	Total (15+)	-					-
OVC_SERV	<18	84,911					84,911
	18+	45,326					45,326
	Total	130,237	-	-	-	-	130,237
OVC_HIVSTAT	Total (<18)	84,911					84,911
PMTCT_STAT	<15	-					-
	15+	-					-
	Total	-	-	-	-	-	-
PMTCT_STAT_POS	<15	-					-
	15+	-					-
	Total	-	-	-	-	-	-
PMTCT_ART	<15	3					3
	15+	2,233					2,233
	Total	2,236	-	-	-	-	2,236
PMTCT_EID	Total	2,189					2,189
PP_PREV	<15	10,970					10,970
	15+	22,149					22,149
	Total	33,119	-	-	-	-	33,119
KP_PREV	Total	19,701					19,701
KP_MAT	Total	-					-
VMMC_CIRC	<15	67,552					67,552
	15+	170,890					170,890
	Total	238,442	-	-	-	-	238,442
HTS_SELF	Total	100,000					100,000
PrEP_NEW	Total	1,398					1,398
PrEP_CURR	Total	1,548					1,548
TB_STAT (N)	<15	-					-
	15+	-					-
	Total	-	-	-	-	-	-
TB_ART (N)	<15	44					44
	15+	275					275
	Total	319	-	-	-	-	319
TB_PREV (N)	<15	2,018					2,018
	15+	42,921					42,921
	Total	44,939	-	-	-	-	44,939
TX_TB (N)	<15	4,905					4,905
	15+	102,510					102,510
	Total	107,415	-	-	-	-	107,415
GEND_GBV	Total	7,777					7,777

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

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Budgetary Requirements

Rwanda has programmed FY 2019 funding in support of required earmarks as follows:

Earmarks	COP19 Funding
Care & Treatment	40,260,077
HKID Requirement	5,810,922
Preventing and Responding to Gender-based Violence	568,759
Water	176,000
* Does not include central funds	

Partner Management and Stakeholder Engagement

Agreements made during COP discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with the this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner found not to be on track to achieve 80% of its approved targets or outcomes by the end of the second quarter must be placed on an improvement plan with clear benchmarks to measure improvement. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement. This continued engagement will ensure all parties' understanding of Rwanda's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.