



Washington, D.C. 20520

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June 9, 2021

MEMO FOR AMBASSADOR VROOMAN, U.S. AMBASSADOR TO RWANDA

SUBJECT: PEPFAR Rwanda Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Rwanda Country Operational Plan (COP) 2021 planning, development, and submission. PEPFAR Rwanda, together with the Government of Rwanda, civil society, and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Rwanda Operational Plan COP 2021 with a total approved budget of \$72,102,200, 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:

1. Overall COP 2021 Budget Table

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
TOTAL	70,800,847	1,301,353	72,102,200
Bilateral	70,500,847	1,301,353	71,802,200
Central	300,000		300,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$72,102,200 without additional written approval. Any prior year funds that are not included within this COP 2021 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 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 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

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mechanisms and partners for execution in FY 2022– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platforms to implement COP 2021 programming and priorities as outlined below and in the appendix.

Background

This approval is based upon the discussions that occurred between the country team, agency headquarters, S/GAC, local and global stakeholders and partners during the April 26-27, 2021 virtual planning meetings and participants in the virtual approval meeting and the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Rwanda's Country Operational Plan (COP) 2021 will support PEPFAR Rwanda's vision, in partnership with the Government of Rwanda (GOR) and its people, to attain and sustain epidemic control. This vision includes strategies of targeted case finding focused on at-risk populations; improving HIV treatment, retention, and drug adherence among people living with HIV (PLHIV); and supporting the GOR's capacity to sustain long-term epidemic control. COP 2021 will work towards the ultimate goal that by the end of FY 2022, 133,152 PLHIV are on life-saving treatment. In COP 2021, the program will enroll an additional 5,301 PLHIV on treatment and ensure viral load suppression in 124,759 patients, focusing on identified gaps by age, sex, and geography.

The PEPFAR Rwanda strategy for programming to be implemented in FY2022 will focus on (i) expanding access to PrEP beyond individuals in serodiscordant couples and FSW, (ii) finalizing the pivot to focused case finding, (iii) responding to the remaining gaps in the clinical cascade for young adult men and CLHIV <15, while also ensuring support services such as CLHIV enrollment in the OVC program, (iv) fully scaling the systems necessary to achieve sustained epidemic control, including the full transition of ARV and VMMC kit procurement to a parastatal, and (v) supporting community-led monitoring activities carried out through close collaboration with the GOR and civil society, including a network of PLHIV and faith-based organizations, to ensure high-quality, client-centered HIV services.

PEPFAR funds for Rwanda will support highly targeted testing approaches, including increasing the proportion of testing that is index testing, increasing index testing yield, and ensuring remediation on safe and ethical index testing practices. Although modeling of CLHIV is potentially overestimating the number of undiagnosed children, the team will review data to better understand the true picture of CLHIV in Rwanda and ensure a response to those data to reach 90/90/90 in <15. Additionally, 90% of CLHIV will be offered enrollment in OVC programs, for support for them and their families. Efforts to transition PLHIV to optimized

regimens will result in DTG being available to all PLHIV in Rwanda. In addition to provision of PrEP, prevention activities will include VMMC focused on 15-29 year olds, DREAMS for adolescent girls and young women, OVC prevention, and prevention for key populations.

PEPFAR Rwanda will work with the GOR to create a long-term plan for government financing and sustainability. By the end of the first quarter of COP 21, in conjunction with the Government of Rwanda, civil society, and other development partners, the PEPFAR team should develop a review of functional and financial barriers to local responsibility for HIV epidemic control with the goal of initiating a process to increase the sustainability of the national and local HIV response.

During COP 2021, PEPFAR Rwanda will continue to target resources at the provincial level, focusing on gaps in the city of Kigali and in the East. Due to recent policy guidance from the Government of Rwanda, one change that will be continued into COP 21 is the expansion of access to PrEP beyond individuals in serodiscordant couples and FSW, based on estimates of individuals in populations at increased risk for HIV acquisition, including AGYW, MSM, and those with STIs. Accordingly, PEPFAR Rwanda will collaborate with the Government of Rwanda to ensure that the expanded PrEP policy is implemented as intended to allow for the optimization of PrEP as a prevention intervention. Other notable changes include more strategic use of self-testing, incorporating CBS and recency testing as standard programming for all PLHIV, and increasing the availability of 6MMD. The full scale-up of 6MMD is critically important, especially given the need to protect clients and healthcare workers from potential exposure to COVID-19 by minimizing unnecessary clinical contact. PEPFAR Rwanda is fully committed to accountability and engagement with all spheres of government and mobilizing all stakeholders to achieve these goals.

American Rescue Plan Act of 2021 Summary Description

This memo approves \$3,511,690 in ARPA funds in the Economic Support Fund (ESF) account for activities to be implemented during COP 2020 and COP 2021. Of the total \$3,511,690 in ARPA funds, \$1,802,200 is expected to be implemented in COP 2021; these funds are included in the other tables found in this memo. The remaining \$1,709,490 is expected to be implemented in COP 2020. The table below shows the estimated breakout of outlays in COP 2021 versus COP 2020 by implementing agency and operational division.

Agency/OPDIV	ARPA Funds Programmed in COP21 FAST for COP21 Outlay	ARPA Funds To be Added to COP20 for COP20 Outlay	TOTAL ARPA Funds
TOTAL	\$1,802,200	\$1,709,490	\$3,511,690
DOD	\$214,200	\$0	\$214,200
HHS/CDC	\$1,288,000	\$0	\$1,288,000
HHS/HRSA	\$0	\$0	\$0
PC	\$0	\$0	\$0
USAID	\$0	\$365,400	\$365,400
USAID/WCF	\$300,000	\$1,344,090	\$1,644,090

Any ARPA funds not outlayed in COP 2020 will be allowed to outlay in COP 2021, and this will be accounted for in the End of Fiscal Year exercise in the Fall of 2021. The entire ARPA

amount must be obligated by September 30, 2022 and should, except in extraordinary circumstances, be outlayed during COP 2021.

These ARPA funds are being provided specifically to address the intersection of HIV and COVID to prevent, prepare for, and respond to coronavirus (including prevention of COVID-19 infection, illness, and death among PEPFAR beneficiaries and staff) and mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support PEPFAR program recovery from the impacts of coronavirus. PEPFAR Rwanda is requesting \$502,600 to address COVID prevention in IPC, clinical management and adherence to Government of Rwanda COVID guidelines and \$3,009,090 in mitigation and repair in laboratory, logistics and repair to program. The overall request is \$3,511,690, 5% of the planning level letter for Rwanda (\$70,300,000).

The majority of the interventions address issues at PEPFAR sites; no other partners are providing support in PEPFAR supported sites or to PEPFAR beneficiaries. The commodities procurement will be aligned with Global Fund C19RM support once proposal development is underway. All proposed activities fall under key pillars outlined in the Rwanda COVID-19 National Response Plan. Interventions will only support PEPFAR sites with needs that have not been met by Ministry of Health COVID-19 interventions to date. Coordination between Global Fund C19RM interventions and PEPFAR interventions will be coordinated at the CCM level. All interventions are anticipated to be implemented over the next year and a half, with all interventions completed by the close of COP21. Proposed interventions will assist partners in mitigating COVID-19 challenges and achieving COP targets. No targets are associated with the proposed activities.

Recency

The implementation of the Recency activities has also been significantly delayed by COVID. Accordingly, any remaining Recency funds at the end of COP20 will be allowed to carry over into COP21. After exact amounts of carryover are determined during the End of Fiscal Year process in fall of 2021, COP 21 envelopes will be updated to account for this carryover.

Funding Summary

All COP 2021 funding summarized in the charts 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.

2. COP 2021 Budget Table by Agency – Bilateral

	of which, Bilateral									Total COP21 Budget (Bilateral + Central)	
	Total	New Funding							Applied Pipeline		
		FY 2021				FY 2020	FY 2019				
		Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State			
TOTAL	71,802,200	70,500,847	70,500,847	67,258,022	-	1,440,625	1,802,200	-	-	1,301,353	72,102,200
DOD Total	3,258,145	2,973,007	2,973,007	2,758,807	-	-	214,200	-	-	285,138	3,258,145
DOD	3,258,145	2,973,007	2,973,007	2,758,807	-	-	214,200	-	-	285,138	3,258,145
HHS Total	32,059,938	31,623,880	31,623,880	28,895,255	-	1,440,625	1,288,000	-	-	436,058	32,059,938
HHS/CDC	32,059,938	31,623,880	31,623,880	28,895,255	-	1,440,625	1,288,000	-	-	436,058	32,059,938
STATE Total	604,429	354,429	354,429	354,429	-	-	-	-	-	250,000	604,429
State	8,000	8,000	8,000	8,000	-	-	-	-	-	-	8,000
State/AF	430,522	180,522	180,522	180,522	-	-	-	-	-	250,000	430,522
State/PRM	165,907	165,907	165,907	165,907	-	-	-	-	-	-	165,907
USAID Total	35,879,688	35,549,531	35,549,531	35,249,531	-	-	300,000	-	-	330,157	36,179,688
USAID, non-WCF	18,385,680	18,055,523	18,055,523	18,055,523	-	-	-	-	-	330,157	18,385,680
USAID/WCF	17,494,008	17,494,008	17,494,008	17,194,008	-	-	300,000	-	-	-	17,794,008

1/*Applied Pipeline* refers to funding allocated in prior years, approved for implementation in FY 2022.

2/*Economic Support Fund (ESF)* funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

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3. COP 2021 Budget Table by Agency – Central

	of which, Central										Total COP21 Budget (Bilateral + Central)
	Total	New Funding								Applied Pipeline	
		Total	FY 2021				FY 2020	FY 2019			
			Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State		
TOTAL	300,000	300,000	300,000	-	300,000	-	-	-	-	-	72,102,200
DOD Total	-	-	-	-	-	-	-	-	-	-	3,258,145
DOD	-	-	-	-	-	-	-	-	-	-	3,258,145
HHS Total	-	-	-	-	-	-	-	-	-	-	32,059,938
HHS/CDC	-	-	-	-	-	-	-	-	-	-	32,059,938
STATE Total	-	-	-	-	-	-	-	-	-	-	604,429
State	-	-	-	-	-	-	-	-	-	-	8,000
State/AF	-	-	-	-	-	-	-	-	-	-	430,522
State/PRM	-	-	-	-	-	-	-	-	-	-	165,907
USAID Total	300,000	300,000	300,000	-	300,000	-	-	-	-	-	36,179,688
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	18,385,680
USAID/WCF	300,000	300,000	300,000	-	300,000	-	-	-	-	-	17,794,008

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

2/Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

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GHP-State Funds: Upon the clearance of a FY 2021 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 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.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

ARP ESF Funds: ESF funds must have both an HIV and COVID related purpose as laid out in relevant S/GAC guidance. Upon the clearance of a FY 2021 PEPFAR ESF 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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt, agency headquarters will move the funds to the country platform via each agency's internal process.

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 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as 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 2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Rwanda has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to Rwanda. Upon approval of this memo, the amounts below will become the new earmark controls for Rwanda. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

4. Earmark Budget Table

Earmarks	COP21 Funding Level			
	TOTAL	FY 2021	FY 2020	FY 2019
Care & Treatment	33,556,895	33,556,895	-	-
Orphans and Vulnerable	13,382,239	13,382,239	-	-
Preventing and Responding to Gender-	800,141	800,141	-	-
Water	178,000	178,000	-	-

1/Only GHP-State and GHP-USAID will count toward the Care and Treatment earmark

2/Only GHP-State will count towards the GBV and Water earmarks

5. Earmark Budget Table - AB/Y

AB/Y Earmark	COP21 Funding Level				
	TOTAL	FY 2021	FY 2020	FY 2019	Applied
TOTAL Prevention Programming	3,147,046	3,147,046	-	-	-
Of which, AB/Y	1,799,187	1,799,187	-	-	-
% AB/Y of TOTAL Sexual Prevention	57.2%	57.2%	N/A	N/A	N/A

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

AB/Y Earmark Budget Justification

AB/Y requirement met.

6. COP 2021 Budget Table by Agency and Initiative

	Total Central	Total Bilateral Applied	Total Central -	Total Bilateral - New Funding	Total COP21 Budget
TOTAL	-	1,301,353	300,000	70,500,847	72,102,200
<i>of which, Community-Led Monitoring</i>	-	225,000	-	147,022	372,022
<i>of which, Condoms (GHP-USAID Central)</i>	-	-	300,000	-	300,000
<i>of which, Core Program</i>	-	1,076,353	-	56,380,014	57,456,367
<i>of which, DREAMS</i>	-	-	-	10,122,200	10,122,200
<i>of which, VMMC</i>	-	-	-	3,851,611	3,851,611
DOD Total	-	285,138	-	2,973,007	3,258,145
<i>of which, Core Program</i>	-	285,138	-	1,173,007	1,458,145
<i>of which, VMMC</i>	-	-	-	1,800,000	1,800,000
HHS Total	-	436,058	-	31,623,880	32,059,938
<i>of which, Core Program</i>	-	436,058	-	30,038,880	30,474,938
<i>of which, VMMC</i>	-	-	-	1,585,000	1,585,000
STATE Total	-	250,000	-	354,429	604,429
<i>of which, Community-Led Monitoring</i>	-	225,000	-	147,022	372,022
<i>of which, Core Program</i>	-	25,000	-	207,407	232,407
USAID Total	-	330,157	300,000	35,549,531	36,179,688
<i>of which, Condoms (GHP-USAID Central)</i>	-	-	300,000	-	300,000
<i>of which, Core Program</i>	-	330,157	-	24,960,720	25,290,877
<i>of which, DREAMS</i>	-	-	-	10,122,200	10,122,200
<i>of which, VMMC</i>	-	-	-	466,611	466,611

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FY 2022 Target Summary

FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

Indicator	Age	Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	Total
HTS_INDEX	<15	31073	0	0	0	0	0	2 31075
HTS_INDEX	15+	21366	0	0	0	0	0	3172 24538
HTS_INDEX	Total	52439	0	0	0	0	0	3174 55613
HTS_TST	<15	31267	0	0	0	0	0	35 31302
HTS_TST	15+	344980	0	0	0	0	0	10639 355619
HTS_TST	Total	376247	0	0	0	0	0	10674 386921
HTS_TST_POS	<15	1043	0	0	0	0	0	3 1046
HTS_TST_POS	15+	2158	0	0	0	0	0	292 2450
HTS_TST_POS	Total	3201	0	0	0	0	0	295 3496
TX_NEW	<15	1744	0	0	0	0	0	3 1747
TX_NEW	15+	3276	0	0	0	0	0	278 3554
TX_NEW	Total	5020	0	0	0	0	0	281 5301
TX_CURR	<15	5943	0	0	0	0	0	42 5985
TX_CURR	15+	123039	0	0	0	0	0	4128 127167
TX_CURR	Total	128982	0	0	0	0	0	4170 133152
TX_PVLS	<15	5039	0	0	0	0	0	40 5079
TX_PVLS	15+	115758	0	0	0	0	0	3922 119680
TX_PVLS	Total	120797	0	0	0	0	0	3962 124759
CXCA_SCRN	Total	0	0	0	0	0	0	0 0
OVC_SERV	<18	175910	0	0	0	0	0	0 175910
OVC_SERV	18+	26098	0	0	0	0	0	0 26098
OVC_SERV	Total	202008	0	0	0	0	0	0 202008
OVC_HIVSTAT	Total	92235	0	0	0	0	0	0 92235
PMTCT_STAT	<15	97	0	0	0	0	0	0 97
PMTCT_STAT	15+	117294	0	0	0	0	0	0 117294
PMTCT_STAT	Total	117391	0	0	0	0	0	0 117391
PMTCT_STAT	<15	0	0	0	0	0	0	0 0
PMTCT_STAT	15+	2099	0	0	0	0	0	0 2099
PMTCT_STAT	Total	2099	0	0	0	0	0	0 2099
PMTCT_ART	<15	0	0	0	0	0	0	0 0
PMTCT_ART	15+	2084	0	0	0	0	0	0 2084
PMTCT_ART	Total	2084	0	0	0	0	0	0 2084
PMTCT_EID	Total	1993	0	0	0	0	0	0 1993
PP_PREV	<15	30884	0	0	0	0	0	69 30953
PP_PREV	15+	73826	0	0	0	0	0	6846 80672
PP_PREV	Total	104710	0	0	0	0	0	6915 111625
KP_PREV	Total	24937	0	0	0	0	0	819 25756
KP_MAT	Total	0	0	0	0	0	0	0 0
VMMC_QRC	Total	62500	0	0	0	0	0	62508 125003
HTS_SELF	<15	0	0	0	0	0	0	0 0
HTS_SELF	15+	45059	0	0	0	0	0	6599 51658
HTS_SELF	Total	45059	0	0	0	0	0	6599 51658
PrEP_NEW	Total	7645	0	0	0	0	0	120 7765
PrEP_CURR	Total	10982	0	0	0	0	0	373 11355
TB_STAT	<15	0	0	0	0	0	0	0 0
TB_STAT	15+	0	0	0	0	0	0	0 0
TB_STAT	Total	0	0	0	0	0	0	0 0
TB_ART	<15	0	0	0	0	0	0	0 0
TB_ART	15+	0	0	0	0	0	0	0 0
TB_ART	Total	0	0	0	0	0	0	0 0
TB_PREV	<15	4690	0	0	0	0	0	35 4725
TB_PREV	15+	94159	0	0	0	0	0	3308 97462
TB_PREV	Total	98849	0	0	0	0	0	3338 102187
TX_TB	<15	5901	0	0	0	0	0	42 5943
TX_TB	15+	121841	0	0	0	0	0	4089 125930
TX_TB	Total	127742	0	0	0	0	0	4131 131873
GEND_GBV	Total	12739	0	0	0	0	0	600 13339
AGYW_PREV	Total	61877	0	0	0	0	0	0 61877

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Partner Management and Stakeholder Engagement:

Agreements made during COP 2021 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 this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be triggered. For key populations programming, per MER Guidance and program requirements, HIV testing is a required element of the KP_PREV indicator. HIV testing services (HTS) or referring an individual to HTS is required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously been tested positive for HIV. HIV prevention services must be tailored to individual risks. If the individual is self-identified as HIV positive, then HTS provision or referral to HTS will not be a required element of this indicator. Workplans for IPs should reflect these HTS requirements for key populations programming. Additionally, where referral to HTS is made, IP workplans and program design should incorporate measures to follow through on HTS with KP clients to ensure referral completion. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. 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 2021 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. 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.

