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April 16, 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: Uganda Country Operational Plan 2019 Approval

**Recommendations**

Approve the Uganda Country Operational Plan (COP) 2019 with a total budget of \$409,237,739 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:

Uganda	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
<b>Total Budget</b>	<b>342,032,310</b>	<b>67,205,429</b>	<b>409,237,739</b>
<b>COP 19 Bilateral</b>	342,032,310	67,205,429	409,237,739

\* 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 \$409,237,739. **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.

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Approve access for the Uganda PEPFAR program of up to \$3,357,750 in central funding for the procurement of condoms and lubricants.

Uganda 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.

## **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 4-8, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Uganda's virtual COP 2019 approval with Ambassador Birx on April 16, 2019.

## **Program Summary**

Funding and targets for Uganda's Country Operational Plan 2019 support PEPFAR Uganda's vision to accelerate progress towards the UNAIDS 90-90-90 goals by 2020 to control the last pockets of the HIV epidemic. National and PEPFAR program data, combined with recent surveillance data from the Uganda Population-based HIV Impact Assessment (UPHIA), demonstrate that Uganda has made significant progress towards achieving epidemic control. The data also provides a clear direction in targeting program efforts to find the last remaining undiagnosed people living with HIV (PLHIV) and to ensure focused prevention intervention to maintain very low ongoing HIV transmission. COP 2019 will accelerate progress to 95-95-95, ensuring that of the estimated 1,393,460 people living with HIV (PLHIV), the country will achieve its goal of 95% of PLHIV diagnosed (1,323,787), on treatment (1,257,598) and virally suppressed by 2020 (1,194,718).

The PEPFAR Uganda strategy for programming to be implemented in FY 2020 is based on a thorough review of programmatic data, discussions with civil society and community organizations, and implementing partners. COP 2019 will support strategies to identify remaining PLHIV, particularly men and key populations (KP), and ensure those on treatment achieve and maintain viral suppression (VS). This includes nation-wide expansion of the successful

“Surge for Quality,” a programmatic intensification of priority activities with an initial focus on early diagnosis and treatment at specific high-volume sites. Uganda’s COP 2019 strategy for FY 2020 addresses all PEPFAR minimum requirements such as increasing index testing and self-testing while enhancing pediatric and adolescent case finding with a focus on monitoring of morbidity and mortality outcomes. Additionally, areas with low VS and high levels of mother-to-child transmission will be identified and targeted using data from the Viral Load and Early Infant Diagnosis “Surge for Quality” dashboards. PEPFAR Uganda’s program strategy increases linkages to care and treatment greater than 95% while also increasing retention and reducing loss to follow-up.

The “Surge for Quality” prioritizes testing all men age 25 or older at high yield testing points, testing sexual partners of HIV-positive individuals, and intensifying linkages to care & treatment using multiple intervention packages such as same day ART initiation. This has resulted in a significant improvement in HIV positives identified and linked to treatment with fewer HIV tests as well as an upward trend in identifying men.

In order to achieve and maintain epidemic control among adult men, HIV testing will be optimized to find the remaining positives by increasing index testing and HIV self-testing. With funding programmed in COP 2019, micro-targeting of community testing will be carried out in districts with low ART coverage, while provider-initiated HIV testing and counselling (PITC) will be refocused to critical delivery service points such as sexually transmitted infections and tuberculosis (TB) clinics or based on symptomatic and risk screening. Uganda will establish “men alone” clinics to target men older than 25 years of age in urban settings. Case finding will be enhanced through age-appropriate tailored approaches.

COP 2019 supports the scale-up of tuberculosis (TB) preventive therapy (TPT) for all PLHIVs and will reach 62% of PLHIV by the end of FY 2020. TPT scale-up is linked to the ongoing tenofovir/lamivudine/dolutegravir (TLD) antiretroviral (ARV) transition and continuously monitored through integration of TPT data into the existing “Surge for Quality” dashboards. Monitoring is inclusive of initiation and completion of TPT. PEPFAR will also support role out of 3HP with ongoing collaboration with UNITAID to introduce in FY2020.

To allow longitudinal tracking of unique HIV cases from diagnosis to mortality and to capture recent HIV infections to help inform and focus HIV prevention interventions, recency testing will be scaled up to 100% for COP 2019 (FY 2020). By focusing on a patient-centered approach in all activities, PEPFAR Uganda will address individual level barriers to retention with increased efforts at the facility level to bring those lost to follow up back into care.

To continue to enhance our prevention interventions for children and to ensure all HIV positive children are actively supported in their community, during COP 2019 implementation (FY 2020), orphans and vulnerable children (OVC) services and enrollment will be aligned to children living with HIV to provide comprehensive prevention and treatment services. Targets and new enrollments will be refocused toward districts with a high burden of HIV-positive children and adolescent girls and young women at risk of HIV while technical assistance and system strengthening interventions will be scaled up at district and national levels. COP 2019 will support comprehensive age appropriate services that will be offered towards ensuring sustained prevention of new infections in girls and young women etc. Primary interventions will include: eligibility screening for HIV testing; school and/or community-based HIV and violence prevention; and parenting and combination socio-economic approaches for those out of school.

The Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program has proven to be very successful since its inception. Mathematical modeling in seven out of eight DREAMS districts show a more than 20% reduction in HIV incidence among Adolescent Girls and Young Women (AGYW) with two of those eight districts demonstrating a greater than 40% reduction. For COP 2019, comprehensive age-appropriate services will continue to be offered to different age groups of AGYW with enhanced and integrated case management targeted at 9 to 14 year olds.

From the inception of the voluntary medical male circumcision (VMMC) program in 2010, the total number of PEPFAR-supported male circumcisions performed in Uganda has increased from 9,052 to more than four million by the Q4 of 2018. During COP 2019 implementation (FY 2020), the VMMC program will intensify efforts toward 15 to 29 year-old males with the phasing in of reusable circumcision kits. A target of 800,000 circumcisions in 88 of the highest HIV burden districts will be undertaken to avert over 300,000 new HIV infections by the end of COP 2019. Additionally, \$3,357,750 in central funding is available for condom procurement.

Over FY 2020, PEPFAR Uganda will increase prevention, testing, and treatment services for KP. Men-who-have-sex-with-men (MSM) will be engaged directly through expansion of MSM friendly drop in centers, and indirectly through men and youth friendly services for those MSM not willing to access KP-specific services. KP linkages will be improved by incentivizing peer networks and enhancing engagements with civil society organizations (CSO) through solutions platforms. Scaling with fidelity of same day ART initiation, pre-exposure prophylaxis (PrEP), differentiated service delivery

models (DSDM), and addressing critical implementation barriers will be enhanced through the engagement and coordination with the Ugandan Ministry of Health (MoH), CSO, and the Global Fund. Building off of COP 2018 efforts, national size estimates and updated implementation models for female sex workers and MSM will be developed in 11 major towns.

Uganda's goal is to have improved coordination at national, regional, and district levels; rapid response to innovations and quick policy development to ensure a Government of Uganda (GoU)-led program that is responsive, accountable, and results-oriented. PEPFAR will continue support for GoU's national e-health policy focusing on the development of a unique identifier (UI) and continued roll out of electronic medical records. The goal is the realization of fully interoperable health information systems for person-centric surveillance and program monitoring and evaluation, a central platform for the health security agenda.

Adding additional Community Health Extension Workers to existing staff is part of a larger PEPFAR effort of working with the MoH to ensure a strategic transition of supported human resources for health (HRH) through increased absorption, DSDM, and realigning HRH to districts with the highest HIV burden. Since COP 2016, MoH has absorbed more than 870 health workers with a 5-year goal to transition all central level staff completely to GoU by increasing domestic resources to absorb more critical personnel onto the GoU payroll and decrease the number of PEPFAR seconded HRH needed for epidemic control.

Building on the COP 2018 absorption by the GoU of 25% staff for the MoH and Central Public Health Laboratories (CPHL), PEPFAR will intensify advocacy for GoU to increase funding and support to CPHL in all areas to ensure Uganda can maintain strong leadership in laboratory systems. Continuous quality improvement (CQI) strategies will continue to be optimized at the laboratory / clinic interface and the national sample transport system to reduce turnaround time of laboratory results. Laboratory information management systems such as sample tracking and identification of non-suppressed clients as well as those eligible for viral load testing will continue to be improved upon and integrated into the National Health Information Exchange. CQI activities also contribute to Uganda's health security efforts, particularly important with the ongoing Ebola epidemic just across the border in the Democratic Republic of the Congo.

Finally, COP 2019 will support investments in supply chain infrastructure to support the rollout of DSDM in high volume facilities with limited storage space. Supply chain management HRH will be increased at both the facility and national levels. In addition, Government of Uganda committed to rapidly

approving registration of 90 and 180 pill bottles to better facilitate multi-month dispensing of ARVs and PEPFAR has included these larger sizes in the COP 2019 procurement plan. The Ministry of Health also committed to increase GoU's annual contribution for procurement of ARVs by an additional \$13M FY 2020, 50% more than the previous year.

Funding for PEPFAR Uganda's COP 2019 strategy is contingent upon meeting all PEPFAR minimum requirements. These include: significant expansion of the "Surge for Quality" thereby scaling up Index, recency, and self-testing as well as improving viral load coverage to improve outcomes through better targeting using the surge dashboards; Continued implementation of DSDM and shifting to six-month MMS by the end of COP 2019. TLD-transition and TPT must be scaled up while phasing out nevirapine-based regimens using the agreed upon targets and deadlines. The GoU will continue to take on a greater share of funding of HRH as well as fulfilling its commitment to a minimum 50% increase in resources dedicated to purchase ARVs for the public sector. Finally, integration and scale up of a unique identifier as part of the broader epidemic control strategy will continue.

## **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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Uganda	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
<b>DOD TOTAL</b>	<b>10,222,462</b>	-	-	<b>10,222,462</b>	<b>4,776,117</b>	<b>14,998,579</b>
<i>of which, DREAMS</i>	1,751,278	-	-	1,751,278	-	1,751,278
<i>of which, VMMC</i>	1,808,173	-	-	1,808,173	846,716	2,654,889
<b>HHS TOTAL</b>	<b>155,592,263</b>	-	<b>3,212,500</b>	<b>158,804,763</b>	<b>42,331,000</b>	<b>201,135,763</b>
<b>HHS/CDC</b>	<b>155,192,263</b>	-	<b>3,212,500</b>	<b>158,404,763</b>	<b>42,331,000</b>	<b>200,735,763</b>
<i>of which, CDC Positions</i>	480,691	-	-	480,691	-	480,691
<i>of which, DREAMS</i>	7,646,954	-	-	7,646,954	-	7,646,954
<i>of which, Surveillance and Public Health Response</i>	400,000	-	-	400,000	-	400,000
<i>of which, VMMC</i>	14,265,049	-	-	14,265,049	6,600,847	20,865,896
<b>HHS/HRSA</b>	<b>400,000</b>	-	-	<b>400,000</b>	-	<b>400,000</b>
<b>PEACE CORPS TOTAL</b>	<b>2,279,044</b>	-	-	<b>2,279,044</b>	<b>127,024</b>	<b>2,406,068</b>
<i>of which, DREAMS</i>	121,587	-	-	121,587	-	121,587
<b>STATE TOTAL</b>	<b>14,770,922</b>	-	-	<b>14,770,922</b>	<b>795,857</b>	<b>15,566,779</b>
<b>State</b>	<b>761,770</b>	-	-	<b>761,770</b>	<b>795,857</b>	<b>1,557,627</b>
<b>State/AF</b>	<b>187,500</b>	-	-	<b>187,500</b>	-	<b>187,500</b>
<b>State/PRM</b>	<b>655,789</b>	-	-	<b>655,789</b>	-	<b>655,789</b>
<b>State/SGAC</b>	<b>13,165,863</b>	-	-	<b>13,165,863</b>	-	<b>13,165,863</b>
<b>USAID TOTAL</b>	<b>125,955,119</b>	<b>30,000,000</b>	-	<b>155,955,119</b>	<b>19,175,431</b>	<b>175,130,550</b>
<b>USAID, non-WCF</b>	<b>91,627,252</b>	-	-	<b>91,627,252</b>	<b>17,871,431</b>	<b>109,498,683</b>
<i>of which, DREAMS</i>	6,197,584	-	-	6,197,584	-	6,197,584
<i>of which, FBO Surge</i>	28,751	-	-	28,751	-	28,751
<i>of which, USAID LES</i>	1,300,000	-	-	1,300,000	-	1,300,000
<i>of which, VMMC</i>	8,135,008	-	-	8,135,008	4,327,181	12,462,189
<b>USAID, WCF</b>	<b>34,327,867</b>	<b>30,000,000</b>	-	<b>64,327,867</b>	<b>1,304,000</b>	<b>65,631,867</b>
<i>of which, VMMC</i>	3,196,553	-	-	3,196,553	1,304,000	4,500,553
<b>TOTAL</b>	<b>308,819,810</b>	<b>30,000,000</b>	<b>3,212,500</b>	<b>342,032,310</b>	<b>67,205,429</b>	<b>409,237,739</b>
<i>of which, CDC Positions</i>	480,691	-	-	480,691	-	480,691
<i>of which, DREAMS</i>	15,717,403	-	-	15,717,403	-	15,717,403
<i>of which, FBO Surge</i>	28,751	-	-	28,751	-	28,751
<i>of which, Surveillance and Public Health Response</i>	400,000	-	-	400,000	-	400,000
<i>of which, USAID LES</i>	1,300,000	-	-	1,300,000	-	1,300,000
<i>of which, VMMC</i>	27,404,783	-	-	27,404,783	13,078,744	40,483,527

\* 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.

**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 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.

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With this approval, GHP-USAID funding may be made available to country teams per USAID 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 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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Uganda		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	20,620	14,459	7,496	959		43,737
	15+	94,981	53,163	32,272	11,123		195,069
	<b>Total</b>	<b>115,601</b>	<b>67,622</b>	<b>39,768</b>	<b>12,082</b>	-	<b>238,806</b>
HTS_TST	<15	50,730	35,094	18,446	2,319		107,120
	15+	1,450,058	890,671	700,791	256,965		3,341,143
	<b>Total</b>	<b>1,500,788</b>	<b>925,765</b>	<b>719,237</b>	<b>259,284</b>	-	<b>3,448,263</b>
HTS_TST_POS	<15	8,659	5,910	3,126	415		18,201
	15+	87,008	44,194	29,648	8,204		171,576
	<b>Total</b>	<b>95,667</b>	<b>50,104</b>	<b>32,774</b>	<b>8,619</b>	-	<b>189,777</b>
TX_NEW	<15	9,004	6,171	3,462	593		19,329
	15+	73,817	46,990	31,186	8,638		163,039
	<b>Total</b>	<b>82,821</b>	<b>53,161</b>	<b>34,648</b>	<b>9,231</b>	-	<b>182,368</b>
TX_CURR	<15	44,306	26,004	16,588	3,981		91,618
	15+	595,977	333,812	222,632	49,544		1,225,515
	<b>Total</b>	<b>640,283</b>	<b>359,816</b>	<b>239,220</b>	<b>53,525</b>	-	<b>1,317,133</b>
TX_PVLS	<15	40,297	23,339	15,165	3,768		83,268
	15+	561,002	311,817	208,078	45,639		1,148,886
	<b>Total</b>	<b>601,299</b>	<b>335,156</b>	<b>223,243</b>	<b>49,407</b>	-	<b>1,232,154</b>
CXCA_SCRN	<b>Total (15+)</b>	-	-	-	-		-
OVC_SERV	<18	132,809	104,629	60,120	-		300,912
	18+	44,265	34,886	20,051	-		100,320
	<b>Total</b>	<b>177,074</b>	<b>139,515</b>	<b>80,171</b>	-	-	<b>401,232</b>
OVC_HIVSTAT	<b>Total (&lt;18)</b>	<b>132,809</b>	<b>104,629</b>	<b>60,120</b>	-		<b>300,912</b>
PMTCT_STAT	<15	-	-	-	-		-
	15+	506,389	355,813	318,449	144,357		1,333,510
	<b>Total</b>	<b>506,389</b>	<b>355,813</b>	<b>318,449</b>	<b>144,357</b>	-	<b>1,333,510</b>
PMTCT_STAT_POS	<15	-	-	-	-		-
	15+	30,234	25,473	24,360	5,420		86,434
	<b>Total</b>	<b>30,234</b>	<b>25,473</b>	<b>24,360</b>	<b>5,420</b>	-	<b>86,434</b>
PMTCT_ART	<15	-	-	-	-		-
	15+	29,838	25,081	23,953	5,331		85,145
	<b>Total</b>	<b>29,838</b>	<b>25,081</b>	<b>23,953</b>	<b>5,331</b>	-	<b>85,145</b>
PMTCT_EID	<b>Total</b>	<b>30,864</b>	<b>25,548</b>	<b>24,087</b>	<b>5,464</b>		<b>86,863</b>
PP_PREV	<15	35,625	47,628	47,639	-		131,227
	15+	193,728	168,147	140,885	5,170		560,095
	<b>Total</b>	<b>229,353</b>	<b>215,775</b>	<b>188,524</b>	<b>5,170</b>	-	<b>691,322</b>
KP_PREV	<b>Total</b>	<b>178,844</b>	<b>50,436</b>	<b>24,000</b>	-		<b>253,280</b>
KP_MAT	<b>Total</b>	-	-	-	-		-
VMMC_CIRC	<15	15,972	11,714	10,045	2,283		40,014
	15+	300,570	221,130	181,913	34,972		759,986
	<b>Total</b>	<b>316,542</b>	<b>232,844</b>	<b>191,958</b>	<b>37,255</b>	-	<b>800,000</b>
HTS_SELF	<b>Total</b>	<b>96,216</b>	<b>65,135</b>	<b>71,256</b>	<b>18,165</b>	-	<b>250,772</b>
PrEP_NEW	<b>Total</b>	<b>14,805</b>	<b>8,628</b>	<b>6,567</b>	-		<b>30,000</b>
PrEP_CURR	<b>Total</b>	<b>9,801</b>	<b>5,676</b>	<b>4,450</b>	-		<b>19,927</b>
TB_STAT (N)	<15	3,256	1,512	974	324		6,150
	15+	28,728	13,032	8,448	2,640		53,648
	<b>Total</b>	<b>31,984</b>	<b>14,544</b>	<b>9,422</b>	<b>2,964</b>	-	<b>59,798</b>
TB_ART (N)	<15	1,440	648	408	128		2,656
	15+	12,880	5,872	3,824	1,200		24,128
	<b>Total</b>	<b>14,320</b>	<b>6,520</b>	<b>4,232</b>	<b>1,328</b>	-	<b>26,784</b>
TB_PREV (N)	<15	13,620	8,611	5,206	1,130		28,756
	15+	147,997	86,655	57,729	13,980		311,865
	<b>Total</b>	<b>161,617</b>	<b>95,266</b>	<b>62,935</b>	<b>15,110</b>	-	<b>340,621</b>
TX_TB (N)	<15	44,315	26,018	16,607	3,981		91,660
	15+	596,086	333,840	222,898	49,544		1,225,918
	<b>Total</b>	<b>640,401</b>	<b>359,858</b>	<b>239,505</b>	<b>53,525</b>	-	<b>1,317,578</b>
GEND_GBV	<b>Total</b>	<b>41,978</b>	<b>27,526</b>	<b>20,185</b>	<b>8,260</b>		<b>98,522</b>

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

**Budgetary Requirements**

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

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	200,540,366
HKID Requirement	28,556,847
Preventing and Responding to Gender-based Violence	5,273,498
Water	3,023,716
* 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 Uganda's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.