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April 27, 2022

MEMO FOR Deborah MacLean, U.S. Chargé d’Affaires For Rwanda

FROM: S/GAC – Janet Saul, S/GAC Chair
S/GAC – Emily Kearney, PEPFAR Program Manager

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Rwanda Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Rwanda Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Rwanda, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 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 Country Operational Plan 2022 with a total approved budget of \$67,079,000, 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:

1. Overall COP 2022 Budget Table

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
TOTAL	63,305,493	3,773,507	67,079,000
Bilateral	63,005,493	3,773,507	66,779,000
Central	300,000		300,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$67,079,000 without additional written approval. Any prior year funds that are not included within this COP 2022 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 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 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 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

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Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

ARPA/ESF Funds

All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 8-10, 2022 virtual planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Rwanda COP22 will support PEPFAR Rwanda's vision in partnership with the Government and people of Rwanda to work towards epidemic control by implementing effective prevention interventions, targeting testing to efficiently identify people living with HIV (PLHIV), ensuring all newly diagnosed PLHIV are immediately linked to treatment, and all PLHIV are retained on treatment and remain virally suppressed.

COP 2022 will work to maintain epidemic control by the end of FY 2023, across all ages and sexes, working toward the ultimate goal across the country that **136,612** are on life-saving treatment. The program for COP 2022 will enroll an additional **6,277** PLHIV on treatment in FY 2023 and ensuring viral load suppression in **122,616 (98% on ART)**. Clinical cascade targets will focus on Kigali City, due to its relatively high HIV prevalence and its young population, and reaching men in the Eastern province, based on gaps in diagnosis and viral suppression that have been identified.

The PEPFAR Rwanda strategy for programming to be implemented in FY 2023 will focus on continuing to prevent new HIV infections, finding the undiagnosed, and retaining PLHIV on ART through: (i) expanding access to prevention among high-risk populations, (ii) targeted case finding focused on at-risk populations, (iii) responding to the remaining gaps in the clinical cascade, (iv) supporting PLHIV with optimal medications and treatment services, (v) fully scaling the systems necessary to achieve sustained epidemic control, including the full transition of the procurement of all commodities except condoms and RTKs 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.

With respect to prevention, the strong focus on expanding access to PrEP to adolescent girls and young women, men who have sex with men, and key populations will continue. However, in COP 22, the program will place an emphasis on enhanced reporting on PrEP activities and on

collaborating with the Government of Rwanda and other stakeholders to broaden the reach of PrEP, moving towards community initiation of PrEP, and implementing in accordance with WHO guidelines. The program will also expand Voluntary Medical Male Circumcision (VMMC) in COP22. PEPFAR will support Early Infant Diagnosis (EID) and community testing of key populations, which include female sex workers (FSWs), their clients, social network testing of high-risk groups, and men who have sex with men (MSM). The program will also continue to support prevention services targeting at-risk and under-served populations of adolescents and young adults through the Orphans and Vulnerable Children (OVC) and the Determined Resilient Empowered AIDS-Free Mentored and Safe (DREAMS) program.

PEPFAR funds for Rwanda will continue to support highly targeted testing approaches, including increasing the proportion of testing that is index testing, with the use of point-of-care recency testing and case-based surveillance to identify pockets of active transmission. A notable shift in COP 22 is a transition in the use of this recency data to a public health response to optimize case finding, retention, and prevention by increasing recency coverage and analyzing this data on a regular basis by age, sex, and geography.

PEPFAR Rwanda will continue to invest in improved HIV treatment, continued care, and drug adherence to improve VL coverage and VL suppression. Recent data has shown challenges with viral load coverage and suppression among CLHIV and men aged 15 to 34 years old. These two populations of concern were highlighted in the 2022 EPP Spectrum data and will be a focus for programming in COP 22.

During COP 22, PEPFAR Rwanda will continue to target resources at the provincial level, with an enhanced focus on gaps in the city of Kigali and in the East. PEPFAR minimum program requirements that are still in progress will continue to be prioritized in COP22, particularly ongoing efforts across all districts to complete the roll-out of 6MMD and to transition all PLHIV, especially CLHIV, to optimized regimens, and to provide all PLHIV with Tuberculosis Preventive Therapy (TPT).

In COP 22, PEPFAR will continue to support long-term sustainability objectives by procuring commodities through the commercial parastatal organization, the Rwanda Medical Supply, Ltd. (RMS). With PEPFAR budgetary support, RMS will procure all antiretrovirals (ARVs), laboratory commodities, and TPT for COP 22. COP 22 investments reflect support to direct service delivery and central and site-level systems to bolster the MOH's public health capacity to sustain HIV epidemic control. All central level systems investments will support improvements in site-level patient diagnosis and treatment and enhance monitoring of the performance of the national HIV program. In COP 22, PEPFAR will also continue to increase its funding to local and indigenous organizations in Rwanda to 91% (not inclusive of the cost of doing business). For the first time, this calculation includes investments in commodity procurement. PEPFAR is committed to supporting local and indigenous organization management of the HIV/AIDS response in Rwanda.

In COP 22, PEPFAR Rwanda will initiate sustainability plans with the Government of Rwanda, including plans for increasing the capacity of Rwandan entities to manage and maintain systems and assume increased ownership—including financial ownership— of the HIV response.

Funding Summary

All COP 2022 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 PEPFAR systems.

2. COP 2022 Budget Table by Agency – Bilateral

	Total	of which, Bilateral									
		Total	New Funding					GAP	FY 2021 GHP-State	FY 2020 GHP-State	Applied Pipeline
			GHP-State	GHP-USAID	GHP-State	GHP-USAID	GHP-State				
TOTAL	66,779,000	63,005,493	61,564,868	1,440,625	-	-	1,440,625	-	-	3,773,507	
DOD Total	2,900,880	1,991,695	1,991,695	-	-	-	-	-	-	909,185	
DOD	2,900,880	1,991,695	1,991,695	-	-	-	-	-	-	909,185	
HHS Total	29,497,761	26,900,738	25,460,113	1,440,625	-	-	1,440,625	-	-	2,597,023	
HHS/CDC	29,497,761	26,900,738	25,460,113	1,440,625	-	-	1,440,625	-	-	2,597,023	
STATE Total	408,016	140,717	140,717	-	-	-	-	-	-	267,299	
State	-	-	-	-	-	-	-	-	-	-	
State/AF	403,016	135,717	135,717	-	-	-	-	-	-	267,299	
State/PRM	5,000	5,000	5,000	-	-	-	-	-	-	-	
USAID Total	33,972,343	33,972,343	33,972,343	-	-	-	-	-	-	-	
USAID, non-WCF	18,512,475	18,512,475	18,512,475	-	-	-	-	-	-	-	
USAID/WCF	15,459,868	15,459,868	15,459,868	-	-	-	-	-	-	-	

* Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

3. COP 2022 Budget Table by Agency – Central

	Total	of which, Central New Funding								Applied Pipeline
		FY 2022		GAP	FY 2021 GHP-State	FY 2020 GHP-State	FY 2022		Applied Pipeline	
		Total	GHP-State				GHP-USAID	GHP-State		
TOTAL	300,000	300,000	300,000	-	-	-	300,000	-	-	-
DOD Total	-	-	-	-	-	-	-	-	-	-
DOD	-	-	-	-	-	-	-	-	-	-
HHS Total	-	-	-	-	-	-	-	-	-	-
HHS/CDC	-	-	-	-	-	-	-	-	-	-
STATE Total	-	-	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-	-	-
State/AF	-	-	-	-	-	-	-	-	-	-
State/PRM	-	-	-	-	-	-	-	-	-	-
USAID Total	300,000	300,000	300,000	-	-	-	300,000	-	-	-
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-
USAID/WCF	300,000	300,000	300,000	-	-	-	300,000	-	-	-

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

GHP-State Funds: Upon the clearance of a FY 2022 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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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.

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 2023 at approved COP 2022 partner budget levels to achieve FY 2023 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 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlaid without written approval from S/GAC.

Earmarks: Rwanda has planned for programming for FY 2022, FY 2021, and/or FY 2020 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	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	31,623,131	31,623,131	-	-
Orphans and Vulnerable Children	13,107,374	13,107,374	-	-
Preventing and Responding to Gender-based Violence	755,100	755,100	-	-
Water	178,000	178,000	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

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

5. Earmark Budget Table - AB/Y

AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	3,358,494	3,358,494	-	-	-
Of which, AB/Y	2,977,819	2,977,819	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	88.7%	88.7%	N/A	N/A	N/A

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

AB/Y Earmark Budget Justification

AB/Y Requirement Met

6. COP 2022 Budget Table by Agency and Initiative

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	63,005,493	3,779,507	300,000	-	67,079,000
<i>of which, Community-Led Monitoring</i>	135,717	218,799	-	-	354,516
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	300,000	-	300,000
<i>of which, Core Program</i>	45,965,785	3,554,708	-	-	48,920,494
<i>of which, DREAMS</i>	10,144,890	-	-	-	10,144,890
<i>of which, OVC (Non-DREAMS)</i>	4,159,100	-	-	-	4,159,100
<i>of which, VMVC</i>	3,200,000	-	-	-	3,200,000
DOD Total	1,991,695	909,185	-	-	2,900,880
<i>of which, Core Program</i>	391,695	909,185	-	-	1,300,880
<i>of which, VMVC</i>	1,600,000	-	-	-	1,600,000
HHS Total	26,900,738	2,597,023	-	-	29,497,761
<i>of which, Core Program</i>	25,300,738	2,597,023	-	-	27,897,761
<i>of which, VMVC</i>	1,600,000	-	-	-	1,600,000
STATE Total	140,717	267,299	-	-	408,016
<i>of which, Community-Led Monitoring</i>	135,717	218,799	-	-	354,516
<i>of which, Core Program</i>	5,000	48,500	-	-	53,500
USAID Total	33,972,343	-	300,000	-	34,272,343
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	300,000	-	300,000
<i>of which, Core Program</i>	19,668,353	-	-	-	19,668,353
<i>of which, DREAMS</i>	10,144,890	-	-	-	10,144,890
<i>of which, OVC (Non-DREAMS)</i>	4,159,100	-	-	-	4,159,100
<i>of which, VMVC</i>	-	-	-	-	-

FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

7. Target Prioritization Table (Current)

Rwanda	SNU Prioritizations		
	Attained	Total	
TX_NEW	<15	1,395	1,399
	15+	4,563	4,878
	Total	5,958	6,277
TX_CURR	<15	7,166	7,211
	15+	125,050	129,401
	Total	132,216	136,612
TX_PVLS	<15	5,899	5,939
	15+	112,754	116,677
	Total	118,653	122,616
HTS_SELF	<15	-	-
	15+	45,543	52,212
	Total	45,543	52,212
HTS_TST	<15	25,495	25,555
	15+	369,717	378,400
	Total	395,212	403,955
HTS_TST_POS	<15	1,102	1,105
	15+	2,530	2,696
	Total	3,632	3,801
HTS_RECENT	<15	4,561	4,805
	15+	21,536	21,596
	Total	30,636	32,581
HTS_INDEX	<15	52,172	54,177
	15+	97	97
	Total	117,293	118,582
PMTCT_STAT	<15	1	1
	15+	2,678	2,703
	Total	2,679	2,704
PMTCT_STAT_POS	<15	1	1
	15+	2,678	2,703
	Total	2,679	2,704
PMTCT_ART	<15	1	1
	15+	2,678	2,703
	Total	2,679	2,704
PMTCT_EID	<15	2,786	2,811
	15+	1,451	1,460
	Total	10,975	11,658
TB_PREV	<15	12,426	13,118
	15+	7,117	7,162
	Total	130,892	135,247
TX_TB	<15	80,000	160,001
	15+	26,837	27,656
	Total	9,801	10,284
VMMC_CIRC	<15	6,283	6,403
	15+	33,613	33,685
	Total	90,774	97,961
KP_PREV	<15	124,387	131,646
	15+	160,189	160,189
	Total	26,160	26,160
PrEP_NEW	<18	186,349	186,349
	15+	86,631	86,631
	Total	12,739	13,339
PrEP_CT	<15	33,613	33,685
	15+	90,774	97,961
	Total	124,387	131,646
PP_PREV	<18	160,189	160,189
	15+	26,160	26,160
	Total	186,349	186,349
OVC_SERV	<18	160,189	160,189
	15+	26,160	26,160
	Total	186,349	186,349
OVC_HIVSTAT	<18	160,189	160,189
	15+	26,160	26,160
	Total	186,349	186,349
GEND_GBV	<18	160,189	160,189
	15+	26,160	26,160
	Total	186,349	186,349

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

Partner Management and Stakeholder Engagement:

Agreements made during COP 2022 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 outlays to date, 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 initiated. 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 2022 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.

8. Program Area Comparison Tables

COP 21 Budget by Funding Agency and Program Area:

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	72,792,200	100%	11,596,788	17%	30,263,899	42%	1,388,335	2%	11,453,072	16%	9,893,335	13%	7,803,985	11%	0%
DOD	3,258,145	5%	150,000	5%	448,896	14%	224,457	7%	493,592	15%	1,941,200	60%	-	0%	0%
HHS	32,249,938	45%	8,120,591	25%	15,541,062	48%	712,489	2%	5,088,308	16%	2,787,488	9%	-	0%	0%
STATE	604,429	1%	16,000	3%	440,974	73%	13,950	2%	110,950	18%	22,575	4%	-	0%	0%
USAID	36,179,688	50%	3,710,197	10%	13,832,752	38%	430,439	1%	5,760,242	16%	4,642,073	13%	7,803,985	22%	0%

COP 22 Budget by Funding Agency and Program Area:

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	67,079,000	100%	5,995,238	9%	23,968,358	42%	1,346,901	2%	15,995,116	24%	8,733,174	13%	7,902,213	11%	0%
DOD	2,900,860	4%	-	0%	460,696	16%	115,392	4%	703,592	24%	1,621,200	56%	-	0%	0%
HHS	29,497,761	44%	2,965,741	10%	14,309,162	49%	682,007	2%	8,594,754	29%	2,946,097	10%	-	0%	0%
STATE	408,016	1%	-	0%	304,516	75%	-	0%	103,500	25%	-	0%	-	0%	0%
USAID	34,272,343	51%	2,937,497	9%	12,993,984	38%	549,502	2%	5,693,270	17%	4,195,877	12%	7,902,213	23%	0%

COP 21-COP 22 Budget Shifts by Funding Agency and Program Area:

Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in C&T	% Change in C&T	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE	Change in Not Specified	% Change in Not Specified
Total	(5,213,200)	(6,093,550)	-51%	(2,195,376)	-7%	(34,434)	-2%	3,442,044	33%	(630,162)	-7%	98,228	1%	-	-
DOD	(357,265)	(150,000)	-100%	11,800	3%	(109,065)	-49%	210,000	43%	(3,20,000)	-16%	-	-	-	-
HHS	(2,752,177)	(5,154,850)	-63%	(1,231,900)	-8%	(30,482)	-4%	3,506,446	68%	158,609	6%	-	-	-	-
STATE	(196,413)	(16,000)	-100%	(136,458)	-31%	(13,950)	-100%	(7,430)	-7%	(22,575)	-100%	-	-	-	-
USAID	(1,907,345)	(772,700)	-21%	(838,768)	-6%	119,063	28%	(66,972)	-1%	(446,196)	-10%	98,228	1%	-	-

COP 21-COP 22 Budget Shifts by Funding Agency and Program Area: