



United States Department of State

Washington, D.C. 20520

UNCLASSIFIED

June 11, 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: Asia Region Regional Operational Plan 2019 Approval

Recommendations

Approve the Asia Region Regional Operational Plan (ROP) 2019 with a total budget of \$121,722,533, 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:

Asia	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	93,175,941	28,546,592	121,722,533
ROP 19 Bilateral	93,175,941	28,546,592	121,722,533
Central TLS Funds	-	-	-

* New Funding may refer to FY 2019 or other FY appropriations newly allocated for implementation in FY 2020 with ROP 2019; accounts indicated in detailed tables.

** Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with ROP 2019

Approve a total FY 2020 outlay for ROP 2019 implementation that does not exceed the total approved ROP 2019 budget of \$121,722,533. **Any prior year funds that are not included within this ROP 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 ROP 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 ROP 2019 programming and priorities as outlined below and in the appendix.

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

ROP 2019 funding approved for implementation in FY 2020 includes \$20,000,000 of FY 2019 GHP-State funding for the “Accelerate and Scale the Asia Program (ASAP) Incentive Fund.” In addition, \$35,000,000 of FY 2019 GHP-State funding will be also be notified and transferred to implementing agencies in support of the second year of ASAP. This second year of funding is to be held at agency headquarters (\$9,257,500 at HHS/CDC; \$935,000 at HHS/HRSA and \$24,807,500 at USAID) until approved for release by S/GAC and will be implemented with ROP 2020 in FY 2021.

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 Bangkok, Thailand during the April 1-5, 2019 in-person planning meeting; the final ROP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and the Asia Region’s virtual ROP 2019 approval with Ambassador Bix on May 7, 2019.

Program Summary

The 2019 Asia Region ROP combines eleven countries with PEPFAR programs located in Asia into one unified Asia Region, with the specific goal of increasing efficiency and consolidating expertise and technical assistance across the region, and preserving and increasing programmatic funding for effective activities. The

Asia ROP consists of Burma, Cambodia, India, Indonesia, Kazakhstan, Kyrgyz Republic, Laos, Nepal, Papua New Guinea, Republic of Tajikistan, and Thailand.

The countries within the Asia Region have been categorized into three tiers:

- 1. Accelerate and Achieve:** Burma, Kyrgyz Republic, Nepal, Republic of Tajikistan, Thailand
- 2. Protect the Investment (Maintenance):** India, Indonesia, Kazakhstan, Laos, Papua New Guinea
- 3. Sustain Epidemic Control (Limited Technical Assistance):** Cambodia

As PEPFAR coalesces its Asia programs into one region, it must ensure close collaboration and partnership with host country governments, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to ensure coordinated and effective use of funds, coverage of critical gaps, and minimization of duplication. As a region with the most vulnerable and key populations at primary risk, progress has been suboptimal, ranging from success in Cambodia, to near success or potential for success in the tier of Accelerate and Achieve where there is an opportunity to dramatically increase prevention and treatment services for those in the greatest need. The Protect the Investment tier consists of countries where progress has been slow despite substantial Global Fund and host government direct investment. A deep analysis related to performance of current programming in these countries must accompany any increased U.S. government investment in the future. These countries are off track in achieving the Sustainable Development Goals (SDGs) for 2020 and 2030 agenda for HIV/AIDS.

Epidemic control requires political will to tailor effective programs to reach and provide services to key populations and their partners, and to adopt and immediately implement the necessary policies to ensure urgent implementation of impactful interventions. During the April 2019 ROP meeting in Bangkok, Thailand, representatives of the countries within the regional program – including representatives of Ministries of Health, Global Fund and other multilateral partners, civil society organizations, and PEPFAR implementing partners - agreed to develop and strengthen, with PEPFAR technical assistance and advocacy, programs and policies that will drive epidemic control.

Given that the countries in the region are characterized by key population epidemics and face many similar challenges, PEPFAR programs in the region will also work across countries to find solutions to common challenges by facilitating technical exchanges and developing a coordinated response among countries.

In the Accelerate and Achieve tier of countries, Burma, Kyrgyz Republic, Nepal, Tajikistan, and Thailand, PEPFAR will work aggressively to reach the UNAIDS 90-90-90 targets for epidemic control and full access to pre-exposure prophylaxis (PrEP) for the highest risk key populations by 2020. These efforts will focus on key populations and their sexual partners, including men who have sex with men (MSM), sex workers, transgender populations, and people who inject drugs (PWID).

ROP 2019 includes plus-up funds for Accelerate and Achieve countries to accelerate epidemic control and reach 90-90-90 by 2020, agreed upon during the April 2019 ROP meeting along with representatives of Ministries of Health, Global Fund and other multilateral partners, civil society organizations, and PEPFAR implementing partners present. With these funds, countries have committed to reaching 90-90-90 by 2020 by fast-tracking the identification of positives and linking them to treatment, ensuring viral load testing and suppression, and expanding access to PrEP. These plus-up funds include \$5 million each for Burma, Nepal and Thailand. PEPFAR in Kyrgyz Republic and Tajikistan have accepted less than the full \$5 million (\$3,801,500 and \$2,685,750, respectively), but nonetheless committed to reaching and will be held accountable to 90-90-90 by 2020.

In ROP 2019, PEPFAR programs will scale up evidence-based and high-impact interventions to target gaps in the clinical cascade in order to reach, test, link, and achieve viral suppression among key populations and their partners in priority sub-national units with a commitment from host-country partners to rapidly implement proven impactful strategies across the entire country.

Within the first 90, Accelerate and Achieve PEPFAR programs will support, within the national program, key populations-focused differentiated case-finding strategies, with an emphasis on the implementation of high-yield case-finding strategies with fidelity, especially index testing. PEPFAR will also emphasize peer-led strategies that recognize the importance of key populations networks to find and reach undiagnosed and unlinked PLHIV. In addition, PEPFAR will expand, through both direct service delivery and provision of technical assistance, recency testing for new diagnoses and HIV self-testing.

As more PLHIV in key population networks are identified, PEPFAR programs will support linkage strategies to ensure and document that at least 95% of those who test positive are linked to treatment, and will promote, implement and scale same-

day anti-retroviral therapy (ART) initiation. In order to reach and link PLHIV, these programs will utilize differentiated service delivery models, including six month multi-month scripting and decentralization for stable patients with a focus on key population-specific models.

Within the third 90, Accelerate and Achieve countries will provide technical assistance, capacity building, and other support to ensure 100% access to viral load, 90% viral load suppression of PLHIV on ART, and 95% retention.

PEPFAR will support interventions to improve use of strategic information in the Accelerate and Achieve countries, including technical assistance and capacity building to increase or expand use of unique identifier codes (UICs) for PLHIV.

ROP 2019 will also support scale-up of PrEP through direct implementation and technical assistance. PEPFAR will collaborate with partner governments, the Global Fund, and other stakeholders to ensure a supportive policy environment and adequate commodities.

All Accelerate and Achieve countries will conduct a Data Quality Assessment (DQA) at all PEPFAR and non-PEPFAR public sites, comparing physical patient records (if they exist) against government electronic systems and PEPFAR electronic systems, to ensure consistency across systems and accuracy of baseline treatment figures, particularly as these countries expand and scale to reach 90-90-90. Due date extensions (beyond the original deadline of September 30, 2019) are at the discretion of PRIME leadership and S/GAC co-Chairs.

In ROP 2019, the Protect the Investment (Maintenance) countries of India, Indonesia, Laos, Kazakhstan, and Papua New Guinea will focus on activities that support and retain PLHIV currently on treatment.

These countries will work towards optimized systems, policies, and practices to ensure ART beneficiaries achieve and maintain viral load suppression, with phased transition to a data-informed, sustainable government- and civil society-led response.

Within the clinical cascade, Protect the Investment PEPFAR programs will: optimize index testing with fidelity, sustained in facilities that support patients on ART; institutionalize differentiated service delivery models, including MMS for stable patients; maintain PLHIV on treatment, with intensified focus in current PEPFAR-supported sub-national units; ensure transition in national protocols to

TLD (tenofovir/lamivudine/dolutegravir), including consideration for women of childbearing potential and adolescents, and removal of Nevirapine-based regimens; ensure integration of Tuberculosis preventive treatment (TPT) in national protocols; and ensure viral load testing and monitoring.

In ROP 2019, above-site activities for these countries will include bolstering of strategic information through stronger health management information systems and case-based surveillance and use of UICs, and strengthening of supply chain systems, including supporting the transition to TLD.

Cambodia, currently the only country in the Sustain Epidemic Control tier, ceased direct service delivery work beginning in COP 2018. In ROP 2019, PEPFAR Cambodia's strategy will focus on: 100% recency testing for all new diagnoses; 6-month multi-month scripting; TPT; same-day ART; micro-targeted PrEP; and technical assistance to ensure TLD access for all clients. PEPFAR Cambodia will provide support to ensure 100% access to viral load and 95% retention of PLHIV on ART, and reduction of barriers to retention, especially loss to follow-up. PEPFAR Cambodia will support development of sustainable systems to track patients across the cascade and re-engage patients lost to follow-up, including implementation of case-based surveillance nationally through UICs and improved inter-operability of existing HIV data systems.

In ROP 2019 PEPFAR Cambodia will continue its focus on ensuring sustainable financing, strengthening national systems and providing support for national policies that will sustain epidemic control, including a national policy on access to treatment prevention services for non-citizens and greater support for CSOs and CSO-run clinics.

All countries in the Asia Region are expected to ensure that the following minimum program and policy requirements show demonstrable progress or are in place by the beginning of ROP 2019 implementation in order for funds to be disbursed. The minimum requirements include the adoption and implementation of Test and Start, with direct and immediate linkage (>95%) of PLHIV.

All countries are to promote of the adoption of policies for differentiated service delivery models and the development, implementation and scale of successful models, including six-month multi-month scripting, with a focus on models optimized for key populations. Minimum program requirements include the initiation of transition to TLD, access to TLD for 100% of patients, and access to TPT at PEPFAR-supported sites. The minimum requirements also include the

monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity, and ensuring the utilization of UICs in PEPFAR-supported sites and promotion of integration or scale within national systems.

All countries in Asia are to demonstrate increased domestic resource mobilization, and, with the implementing agencies, move forward the evaluation and discussion of how the Asia region will contribute towards overall increased local, indigenous prime partner funding across the PEPFAR program. In Tier 1 (Accelerate and Achieve) countries, the minimum requirements include the scale-up of index testing and self-testing, with a focus on key populations and promotion of a supportive policy environment. In addition, for India, its orphans and vulnerable children program (OVC) must focus on children of key populations and their partners, and the provision of a minimum package of services and linkage to ART.

Incentive Fund: Accelerate and Scale the Asia Program (ASAP)

A select number of countries in the Asia Region – India, Indonesia, Papua New Guinea, and the Philippines (which would be new to PEPFAR) – are also eligible for incentive funding through the Accelerate and Scale the Asia Program (ASAP) incentive fund. A total of \$55 million will be made available to these country programs for implementation during FY 2020 (up to \$20 million in the first year with ROP 2019) and through FY 2021 (up to \$35 million in the second year with ROP 2020), provided they meet the eligibility requirements and their proposal is approved by S/GAC. To allow for quick implementation once approved, full funding for this incentive fund is being notified along with the ROP 2019 funds and transferred directly to agencies based upon historical allocations. **Final country, agency, implementing partner and budget code allocations may be modified based upon submission and final approval.**

PEPFAR/U.S. government teams, in collaboration with host country government, the Global Fund, and other stakeholders, will develop and submit proposals during Summer 2019, and proposal review and approval will occur during Fall 2019. Further detailed guidance, eligibility requirements and detailed timelines are forthcoming.

Funding Summary

All ROP 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.

Asia	FY 2019 New			Total New Funds	Applied Pipeline*	Total POP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
DOD TOTAL	97,486	-	-	97,486	172,514	270,000
Indonesia	97,486	-	-	97,486	172,514	270,000
HHS TOTAL	25,178,766	-	5,400,308	30,579,074	11,955,673	42,534,747
HHS/CDC	23,928,766	-	5,400,308	29,329,074	11,955,673	41,284,747
Burma	4,198,425	-	-	4,198,425	1,701,575	5,900,000
of which, Plus Up	1,600,000	-	-	1,600,000	-	1,600,000
Cambodia	336,326	-	877,808	1,214,134	2,644,866	3,859,000
Kazakhstan	999,457	-	505,625	1,505,082	926,957	2,432,039
Kyrgyzstan	2,222,083	-	-	2,222,083	852,857	3,074,940
of which, Plus Up	1,346,500	-	-	1,346,500	-	1,346,500
India	1,184,737	-	2,000,000	3,184,737	3,975,394	7,160,131
Laos	279,800	-	60,200	340,000	-	340,000
Papua New Guinea	1,500,528	-	400,000	1,900,528	28,405	1,928,933
Tajikistan	2,074,085	-	-	2,074,085	807,875	2,881,960
of which, Plus Up	1,185,750	-	-	1,185,750	-	1,185,750
Thailand	5,883,325	-	1,556,675	7,440,000	1,017,744	8,457,744
of which, Plus Up	1,000,000	-	-	1,000,000	-	1,000,000
Asia Region	5,250,000	-	-	5,250,000	-	5,250,000
of which, Acceleration	5,250,000	-	-	5,250,000	-	5,250,000
HHS/HRSA	1,250,000	-	-	1,250,000	-	1,250,000
India	700,000	-	-	700,000	-	700,000
Asia Region	550,000	-	-	550,000	-	550,000
of which, Acceleration	550,000	-	-	550,000	-	550,000
STATE TOTAL	160,000	-	-	160,000	-	160,000
State	160,000	-	-	160,000	-	160,000
Kazakhstan	160,000	-	-	160,000	-	160,000
USAID TOTAL	62,339,381	-	-	62,339,381	16,418,405	78,757,786
USAID, non-WCF	60,639,381	-	-	60,639,381	15,780,906	76,420,287
Burma	8,151,272	-	-	8,151,272	1,335,674	9,486,946
of which, Plus Up	2,800,000	-	-	2,800,000	-	2,800,000
Indonesia	1,898,483	-	-	1,898,483	2,466,521	4,365,004
Cambodia	668,189	-	-	668,189	3,917,517	4,585,706
of which, Plus Up	300,000	-	-	300,000	-	300,000
Kazakhstan	1,567,348	-	-	1,567,348	-	1,567,348
Kyrgyzstan	4,056,596	-	-	4,056,596	530,842	4,587,438
of which, Plus Up	2,455,000	-	-	2,455,000	-	2,455,000
India	1,106,413	-	-	1,106,413	6,033,456	7,139,869
Laos	500,000	-	-	500,000	-	500,000
Papua New Guinea	3,400,195	-	-	3,400,195	570,407	3,970,602
Nepal	9,676,764	-	-	9,676,764	-	9,676,764
of which, Plus Up	5,000,000	-	-	5,000,000	-	5,000,000
Tajikistan	3,656,903	-	-	3,656,903	-	3,656,903
of which, Plus Up	1,500,000	-	-	1,500,000	-	1,500,000
Thailand	11,757,218	-	-	11,757,218	926,489	12,683,707
of which, Plus Up	4,000,000	-	-	4,000,000	-	4,000,000
Asia Region	14,200,000	-	-	14,200,000	-	14,200,000
of which, Acceleration	14,200,000	-	-	14,200,000	-	14,200,000
USAID, WCF	1,700,000	-	-	1,700,000	637,499	2,337,499
Burma	1,100,000	-	-	1,100,000	-	1,100,000
of which, Plus Up	600,000	-	-	600,000	-	600,000
Indonesia	600,000	-	-	600,000	387,499	987,499
Cambodia	-	-	-	-	250,000	250,000
TOTAL	87,775,633	-	5,400,308	93,175,941	28,546,592	121,722,533
Burma	13,449,697	-	-	13,449,697	3,037,249	16,486,946
Indonesia	2,595,969	-	-	2,595,969	3,026,534	5,622,503
Cambodia	1,004,515	-	877,808	1,882,323	6,812,383	8,694,706
Kazakhstan	2,726,805	-	505,625	3,232,430	926,957	4,159,387
Kyrgyzstan	6,278,679	-	-	6,278,679	1,383,699	7,662,378
India	2,991,150	-	2,000,000	4,991,150	10,008,850	15,000,000
Laos	779,800	-	60,200	840,000	-	840,000
Papua New Guinea	4,900,723	-	400,000	5,300,723	598,812	5,899,535
Nepal	9,676,764	-	-	9,676,764	-	9,676,764
Tajikistan	5,730,988	-	-	5,730,988	807,875	6,538,863
Thailand	17,640,543	-	1,556,675	19,197,218	1,944,233	21,141,451
Asia Region	20,000,000	-	-	20,000,000	-	20,000,000
TOTAL	87,775,633	-	5,400,308	93,175,941	28,546,592	121,722,533
Acceleration	20,000,000	-	-	20,000,000	-	20,000,000
Plus Up	21,787,250	-	-	21,787,250	-	21,787,250

* 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 ROP 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 ROP 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 ROP 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 ROP 2019 total budget level and documented within ROP 2019 partner budgets are not to be executed or outlaid without written approval from the Global AIDS Coordinator.

FY 2020 Target Summary

FY 2019 funds are released and ROP 2019 applied pipeline is approved to achieve the following results in FY 2020. Additional targets for the ASAP incentive fund will be determined by October 2019.

Asia Region		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15	-	-	145	145		290
	15+	9,232	2,696	27,971	5,408		45,404
	Total	9,232	2,696	28,116	5,553	-	45,694
HTS_TST	<15	-	-	1,323	185		1,508
	15+	9,232	2,696	130,549	5,708		148,497
	Total	9,232	2,696	131,872	5,893	-	150,005
HTS_TST_POS	<15	-	-	106	35		141
	15+	1,732	532	16,085	1,315		19,711
	Total	1,732	532	16,191	1,350	-	19,852
TX_NEW	<15	380	97	424	24		925
	15+	9,661	2,871	25,733	1,469		39,778
	Total	10,041	2,968	26,157	1,493	-	40,703
TX_CURR	<15	3,240	1,018	5,050	426		9,734
	15+	82,939	24,344	161,819	24,443		294,114
	Total	86,179	25,362	166,869	24,869	-	303,848
TX_PVLS	<15	2,235	707	3,430	398		6,770
	15+	58,025	16,729	122,926	23,326		221,526
	Total	60,260	17,436	126,356	23,724	-	228,296
CXCA_SCRN	Total (15+)	-	-	-	-		-
OVC_SERV	<18	8,572	5,268	21,252	-		35,092
	18+	4,030	2,392	8,545	-		14,967
	Total	12,602	7,660	29,797	-	-	50,059
OVC_HIVSTAT	Total (<18)	3,220	1,979	8,017	-		13,216
PMTCT_STAT	<15	-	-	-	-		-
	15+	-	-	-	-		-
	Total	-	-	-	-	-	-
PMTCT_STAT_POS	<15	-	-	-	-		-
	15+	-	-	-	-		-
	Total	-	-	-	-	-	-
PMTCT_ART	<15	-	-	-	-		-
	15+	-	-	-	-		-
	Total	-	-	-	-	-	-
PMTCT_EID	Total	-	-	-	-		-
PP_PREV	<15	-	-	-	-		-
	15+	-	-	20,000	-		20,000
	Total	-	-	20,000	-	-	20,000
KP_PREV	Total	41,877	25,587	177,502	-		244,966
KP_MAT	Total	533	355	4,328	-		5,216
VMMC_CIRC	<15	-	-	-	-		-
	15+	-	-	-	-		-
	Total	-	-	-	-	-	-
HTS_SELF	Total	30	6	16,530	351	-	16,917
PrEP_NEW	Total	50	-	8,010	-		8,060
PrEP_CURR	Total	50	-	9,370	-		9,420
TB_STAT (N)	<15	-	-	-	-		-
	15+	-	-	-	-		-
	Total	-	-	-	-	-	-
TB_ART (N)	<15	-	-	-	-		-
	15+	-	-	-	-		-
	Total	-	-	-	-	-	-
TB_PREV (N)	<15	1,546	529	2,582	-		4,657
	15+	37,934	11,525	50,471	-		99,966
	Total	39,480	12,054	53,053	-	-	104,623
TX_TB (N)	<15	2,162	739	3,628	-		6,529
	15+	53,144	16,147	70,496	-		139,845
	Total	55,306	16,886	74,124	-	-	146,374
GEND_GBV	Total	-	-	-	2,100		2,100

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

Budgetary Requirements

The Asia Region has programmed FY 2019 funding in support of required earmarks as follows:

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	34,765,707
HKID Requirement	248,182
Preventing and Responding to Gender-based Violence	2,806,927
Water	-
* Does not include central funds	

Partner Management and Stakeholder Engagement

Agreements made during ROP 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 ROP 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 the Asia Region's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.