COP23 Year 2 (COP23Y2) Strategic Direction Summary Addendum: new decisions, agreements, significant geographic or strategic shifts for COP23Y2.

Pillar 1: Health Equity for Priority Populations: updates on reaching children, pregnant and breastfeeding women (PBFW), AGYW, and KP.

AGYW

In COP23Y2, in line with the updated DREAMS guidance, PEPFAR will generate analytics to inform sustainability planning in the DREAMS program, including evaluation of transition strategies for parenting, economic strengthening and comprehensive sexuality education.

Pillar 2: Sustaining the Response: updates on sustainability roadmap and Human Resources for Health (HRH).

Led by the National Sustainability Roadmap TWG (co-chaired by NAC and MOHCC), Zimbabwe will produce a high-level Sustainability Roadmap (referred to as Part A in the UNAIDS Primer) by the beginning of COP23Y2. COP23Y2 will focus on development of the more detailed implementation plan (Part B), beginning to generate the analytics required for program transformation, and establishing the structure for monitoring progress on the roadmap. Through its newly established Sustainability and Systems Interagency TWG, PEPFAR will provide direct technical assistance to the process, fully participating in the National Roadmap TWG. PEPFAR will continue to fund a grant to UNICEF to cater for all convening and administrative costs and a full-time technical consultant. In COP23Y2 UNICEF will focus its technical assistance on the health sector components of the HIV response, while UNAIDS will lead on multisectoral and civil society programming and high-level advocacy. The Bill and Melinda Gates Foundation will continue to offer technical assistance through Genesis Analytics.

Stakeholder consultations during the midterm review identified the following priorities for COP23Y2:

- Strengthen inclusivity and engagement in the Sustainability Roadmap process, especially for CSOs, private sector and ministries other than MOHCC (e.g. Ministry of Finance).
- Ensure Roadmap is aligned with the wider health sector plans and strategies.
- Continue to prioritize issues related to domestic financing.
- Begin transforming the program to align with the sustainability vision now and align investments accordingly.
- Conduct allocative efficiency analyses to inform decision-making.

PEPFAR will work closely with the MOHCC and Global Fund (GFATM) to right-size HRH levels and remuneration guided by MOHCC's National Health Workforce Strategy and the expected HRH Investment Compact. In COP23Y2 PEPFAR will assess its above site level HRH footprint and work closely with IPs to understand and execute an appropriate level of staffing required for technical assistance at this point in the epidemic in Zimbabwe; this is expected to result in significant cost savings.

In addition, PEPFAR will prioritize these new HRH areas which emerged as critical for COP23Y2:

- Identify inefficiencies in the PEPFAR program that contribute to high staffing levels that may not be needed in this phase of the epidemic.

- Strengthen district leadership teams to problem solve, supervise, and assume responsibility for quality of services (shifting IPs away from playing this role).
- Continue to identify opportunities to integrate verticalized HIV HRH into broader health and multisectoral systems, while being realistic about task shifting, quality service delivery and remuneration in this constrained HRH environment.
- Align PEPFAR supported community cadres to the MOHCC's Community Health Strategy to include harmonization of roles, training, and upskilling, and with the goal of transitioning these cadres to the MOHCC's VHW establishment, while strengthening HIV integration within the community health program.
- Engage in more deliberate community systems strengthening with indigenous CBOs.

Pillar 3: Public Health Systems and Security: updates on supply chain, lab systems, patient centered care (inc. TB), AHD, mental health, and EHR.

Supply Chain

In COP23Y2, PEPFAR will engage with the Government of Zimbabwe (GoZ) and CSOs to advocate for increased GoZ funding towards HIV commodities.

The continued HRH attrition has resulted in many vacancies at both central and facility level posing major challenges to the supply chain management system. During COP23Y2 PEPFAR will continue to support the scale up of the Electronic Logistics Management Information System (eLMIS) and related supply chain strengthening activities. PEPFAR will continue to coordinate with GFATM and GoZ to ensure optimization of the eLMIS software to maximize the use of the system. The use of the eLMIS is expected to increase pipeline visibility, timely and accurate reporting, and improve the current ZAPS ordering system. Working with other development partners, PEPFAR will support the strengthening of NatPharm through digitalization, revised inventory parameters and optimization of the NatPharm processes.

PEPFAR will engage with the private sector on solutions to modernize the supply chain. Implementation of Wave 2 agreements for VL/EID reagents will continue and the use of vendor-managed inventory for first line ARVs will be explored. The implementation of the Wave 2 agreement has already resulted in machine transitions and a reduction in both downtime and error rates. PEPFAR aims to have a reliable, flexible, responsive, efficient, effective, and sustainable supply chain in the long term through digital solutions and other innovations.

TB/HIV – TB Acceleration Plan (TAP)

In December 2023, GHSD-PEPFAR launched the Advancing TB Case Detection and Mortality Reduction Among PLHIV Implementation Strategy. This strategy is part of PEPFAR's bold new effort announced in September 2023 to detect 2 million active TB cases and prevent 500,000 TB-related deaths among PLHIV in the next five years. Through the TAP, Zimbabwe is making a commitment to contribute to PEPFAR's bold effort to accelerate progress to ending TB. According to WHO in 2022 Zimbabwe missed 12,468 TB cases among PLHIV. Program data shows this is due to missed screening opportunities and poor screening quality. This acceleration plan intends to address TB cases finding gaps among PLHIV and other high-risk groups; committing to notifying at least 24,000 TB cases per annum over the next 5 years. The following strategies will be implemented and funded through a multi-stakeholder approach:

- Introduction of innovative screening and diagnostic tools for TB
    - Use of digital Chest Xray with or without CAD-AI at to screen for TB.
    - Use of stool based molecular rapid diagnostic testing in children.

    - Use of urine LF-LAM as part of AHD package of care to aid in diagnosis of TB.
- Quality improvement approach to ensure high-quality TB screening with WHO 4 symptom screening tools (W4SS).
- Integrated multi-disease (TB/HIV) Community screening, diagnosis, and treatment through outreach and mobile X-ray vans.
- Ensure 100% TB treatment coverage and 95% completion rate among PLHIV diagnosed with active TB.
- Universal TPT coverage among eligible PLHIV and TB IPC.
- Increase awareness of and demand for TB screening and testing among PLHIV and priority sub-population groups.
- Strengthen TB infection control practices and establish a comprehensive monitoring system for TB among healthcare workers in selected facilities.
- Optimize data collection and frequency of reporting for TB screening, diagnosis, and notifications.

The TAP will run up to FY 2028 with the implementation of some strategies starting in FY24. Implementation will be in both PEPFAR and non-PEPFAR supported health facilities. Implementation of this plan with fidelity has the potential to close the case finding gap and take the country to a path of reaching the end TB goals. Close collaboration among the different TB stakeholders, avoiding duplication, will be critical given the declining fiscal space. PEPFAR is and will continue advocacy for increased TB domestic funding through Zimbabwe's Ministry of Finance and MOHCC to ensure program sustainability.

Laboratory systems strengthening

In COP23Y2, PEPFAR will continue to support and prioritize VL testing to meet the national set target of 90% in FY24 and 95% in FY25. Completion of the transition from the older Roche CAPCTM and Abbott m2000 platforms to the newer Roche 5800/6800/8800 and Abbott Alinity platforms in COP23 will result in increased national VL testing capacity. However, the transition to Abbott Alinity, a platform yet to receive WHO prequalification for viral load DBS will affect viral load testing in Matebeleland South and Matebeleland North, provinces without an alternative testing platform. The country will leverage on Hologic platforms in neighboring provinces and advocate for placement of Hologic platforms in the affected provinces.

Pillar 4: Transformative Partnerships:

PEPFAR Zimbabwe continues to work closely with all pertinent and prospective partners including but not limited to the GoZ across Ministries, CSOs, NGOs, UN bodies, and others.

Pillar 5: Follow the Science

Community leadership

PEPFAR prioritized meaningful engagement with communities and CSOs during the COP23 mid-term review and year 2 planning process. Engagement with CSOs kicked off with the FY22 Q4 POART where CSOs were invited to reflect on the PEPFAR program data and share recommendations. PEPFAR also shared the mid-term review guidance and the PLL with CSOs to help them meaningfully plan towards the mid-term review processes. CSO and community representatives attended the PEPFAR stakeholder midterm review meeting, during which they reviewed COP23 progress and presented their priorities for COP23Y2. They also reviewed and provided feedback on the COP23Y2 flatpack. Beyond COP planning, PEPFAR will continue to engage communities as strategic partners in implementing and continuously

assessing PEPFAR programs. In COP23Y2, PEPFAR will continue to use the data generated from the Community-led Monitoring (CLM) program to inform program improvements, support capacity building for CSOs, and will prioritize more robust engagement with CSOs in sustainability planning.

Innovation

In COP23Y2, PEPFAR will accelerate innovations that drive improvements in sustaining epidemic control, close prevention, and treatment gaps among priority populations, and find and serve the most difficult-to-reach sub-populations.

CAB-LA Implementation

In COP23Y2, Zimbabwe will offer CAB-LA, which was centrally procured, as an HIV Prevention choice at nine selected PEPFAR-supported sites located in Harare, Bulawayo, Gweru, and Mutare. Due to limited available doses, FSW and MSM (in Harare only) will be offered CAB-LA in COP23Y2. Zimbabwe expects to receive enough doses to provide CAB-LA to only 2,000 people in COP23Y2.

Cyclical Acquired HIV Drug Resistance Surveillance (CADRE)

In COP23Y2, PEPAFR will collaborate with GFATM on capacitating the National Reference Laboratory for genomic surveillance mainly focusing on Cyclical Acquired HIV Drug Resistance Surveillance (CADRE). CADRE is a lab-based surveillance approach which focuses on sampling remnant viral load specimens with >= 1000 c/ml of individuals with one or more high viral load after at least 9 months on TLD or another dolutegravir-based regimen to detect emerging HIV drug resistance. PEPFAR will implement the initial stages of building up the surveillance system and support CADRE protocol development, capacitation of HRH, and initial investments in reagents and commodities while leveraging existing laboratory infrastructure and anticipated investments through the Global Fund. With an increasing number of patients transitioning to TLD, there is a small, yet potential risk of virological failure. Whether patients are failing with or without integrase resistance has an important impact on management strategies. Switching regimens for every patient with viral failure could prove unnecessary and costly, particularly when improved adherence could address the issue. Considering cost and feasibility, CADRE establishes a routine drug surveillance infrastructure to identify drug resistance among patients with viral non-suppression to aid in clinical decision-making and broadly inform national guidelines for clinical care.

Stool based testing for TB among children

Following the successful pilot of stool-based testing for TB using Xpert MTB/RIF ultra among children 0-14 years old who cannot produce sputum by the National TB Control Program (NTP), TB diagnostic algorithms were updated to include this novel testing strategy. In COP23Y2, PEPFAR will support expansion of stool-based testing to all central, provincial, district and high-volume health facilities. Specifically, training healthcare workers on new guidelines for stool-based testing, supportive supervision and mentoring, and improved program monitoring.

Pediatric ALD scale-up

To optimize pediatric HIV treatment, the program will be supporting the scale up of pediatric abacavir/lamivudine/dolutegravir fixed dose combination pill for eligible CLHIV, which will ensure simplified administration, reduction in pill burden, and removal of monotherapy risk (thus reducing drug resistance risk).

Care and Treatment strategic shifts

FY25 UNAIDS Spectrum estimates show an increase in HIV treatment gaps across all provinces, more pronounced in Mashonaland central, Harare, Masvingo and Midlands provinces. Strategic shifts are being discussed with the MOHCC to ensure low performing districts in these provinces receive intensified support. Proposed strategies include developing an efficient package of support for TAT districts while maintaining all DSD districts and engaging MOHCC and GFATM to intensify support for the low performing TAT districts.

Enabling policy to scale up evidence-based programming.

Data shows the program is reaching an increasing number of PWIDs with HIV services. The planned BBS will target PWIDS and provide population size estimates to inform comprehensive programming for this high population. In the meantime, PEPFAR Zimbabwe will support the TSC to advocate for friendlier policies to create an enabling environment for harm reduction interventions.

Leading with Data

In addition to continuing to support the MOHCC with EHR implementation, PEPFAR will support surveillance and data analysis to inform program improvements. A condom and lubricant analysis will be conducted in COP23Y2 in preparation for transitioning condom procurement costs from bilateral budgets to other stakeholders in COP25. The key population BBS is expected to start data collection at the end of FY24Q3, which is a later than we expected due to delays in obtaining ethical clearance. At the time of writing, comments have been received from CDC Scientific Integrity Branch and the Medical research Council of Zimbabwe. Results will be used to inform KP-related policy and program strategies in COP23Y2. PEPFAR will support the TSC to develop an advocacy strategy for an enabling policy environment for all KPs. PEPFAR also plans to complete implementation of LIFT activities to improve the quality of data inputs that feed into the spectrum model with the long-term goal of improving the accuracy of the CLHIV estimates. These LIFT activities are expected to begin in FY24Q3 since GHSD approval was only received in February 2024.

Key activities that have ended or been delayed affecting the anticipated progress leading into FY25

1. Due to the extended approval process for COP23 LIFT Up funds, all four activities will be substantially delayed; at the time of writing activity #4 (One-stop Center for Transgender individuals) was not approved.
2. The key population BBS expected start date has been delayed in ethical clearance. At the time of writing a first round of comments have been received from CDC Scientific Integrity Branch and the Medical research Council of Zimbabwe.

Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control							
Prioritization Area	**Total PLHIV (FY24)**	**New Infections (FY25)**	**Expected Current on ART (FY24)**	**Current on ART Target (FY25)** ***TX_CURR***	**Newly Initiated Target (FY25)** ***TX_NEW***	**ART Coverage (FY25)**	**ART Coverage (FY26)**
Attained	1,282,909	34,100	1,283,478	1,282,252	44,946	99.9%	
Total	**1,282,909**	**34,100**	**1,283,478**	**1,282,252**	**44,946**	**99.9%**	

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts							
Provinces	**Target Populations**	**Population Size Estimate (SNUs)**	**Current Coverage (date)**	**VMMC_CIRC (in FY24)**	**Expected Coverage (in FY24)**	**VMMC_CIRC (in FY25)**	**Expected Coverage (in FY25)**
Bulawayo	15-19	61,241	58%	3,898	57%	3,898	80%
	20-24	64,618	65%	1,714	68%	1,714	80%
	25-29	83,694	63%	295	69%	295	80%
Harare	15-19	249,131	32%	19,459	34%	19,459	80%
	20-24	224,525	41%	11,045	47%	11,045	80%
	25-29	330,540	45%	1,093	49%	1,093	80%
Manicaland	15-19	212,321	64%	8,241	65%	8,241	80%
	20-24	162,475	63%	3,645	70%	3,645	81%
	25-29	172,181	48%	625	58%	625	80%
Mashonaland Central	15-19	157,621	90%	1,980	86%	1,980	84%
	20-24	120,404	102%	2,402	106%	2,402	106%
	25-29	118,629	79%	102	89%	102	102%
Mashonaland East	15-19	173,501	45%	10,524	52%	10,524	80%
	20-24	155,250	52%	8,487	60%	8,487	81%
	25-29	150,758	44%	171	54%	171	80%
Mashonaland West	15-19	179,455	68%	11,546	70%	11,546	80%
	20-24	153,401	85%	10,680	90%	10,680	92%
	25-29	165,117	73%	225	83%	225	94%
Masvingo	15-19	206,689	70%	9,344	68%	9,344	84%
	20-24	131,075	66%	3,498	73%	3,498	88%

	25-29	152,493	50%	593	60%	593	85%
Matabeleland North	15-19	89,339	101%	852	103%	852	109%
	20-24	75,467	92%	1,180	104%	1,180	118%
	25-29	75,457	68%	62	82%	62	105%
Matabeleland South	15-19	84,114	112%	2,913	107%	2,913	100%
	20-24	74,512	107%	2,814	113%	2,814	113%
	25-29	69,096	83%	263	94%	263	100%
Midlands	15-19	201,885	73%	10,786	72%	10,786	86%
	20-24	177,832	84%	5,205	88%	5,205	95%
	25-29	184,574	71%	323	79%	323	97%
	Total/ Average	**5,216,496**	**70%**	**133,965**	**76%**	**133,966**	**90%**

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations	**Population Size Estimate*** **(SNUs)**	**Disease Burden***	**FY24 Target**	**FY25 Target**
[Specify target populations for focus, e.g., AGYW at risk of HIV acquisition, female sex workers] *Indicator Codes include PP_PREV, AGYW_PREV KP_PREV*				
PP_PREV Group 1: AGYW 15-24 vulnerable to HIV infection in DREAMS and Enabling DREAMS districts *PP_PREV Group 2:* HIV positive youth (18-24) at risk for high viral load and transmission	Unreached with combination prevention interventions as of start COP23: **102,086** YLHIV 18-24: 84,007	Average HIV incidence among AGYW 15-24 in DREAMS + Enabling districts is 0.32% High viral load occurs in 10% of males and 7% of females 18-24	**98,702**	**105,098**
AGYW_PREV: AGYW 10-24 vulnerable to HIV infection in DREAMS districts	Unreached by DREAMS as of start COP23: **81,492**	Average HIV incidence among AGYW 15-24 in DREAMS districts is 0.35%	Numerator: **55,612** Denominator: **60,659**	Numerator: **55,612** **75,530**

KP_PREV Group 1: Female sex workers	National FSW estimate: 94,702	FSW HIV prevalence estimated at 48%	**46,145**	**46,145**
KP_PREV Group 2: Men who have sex with men	National MSM estimate: 52,057	MSM prevalence at 20%	**30,487**	**30,487**
KP_PREV Group 3: Transgender individuals	National TG estimate: 8,007	TG prevalence at 27%	**3,792**	**3,792**
TOTAL				

*Include data sources in the text (i.e., not in the table itself)
**AGYW PSE from Spectrum 2023 NAOMI files and DREAMS saturation calculations*
**KP PSE from National KP Target Setting workshop held March 2023, based primarily on AMETHIST and BBS*

Target Table 4 Targets for OVC and Linkages to HIV Services (FY23 & FY24)

District	Estimated # of Orphans and Vulnerable Children	Target # of active OVC OVC_SERV Comprehensive	Target # of OVC OVC_SERV Preventative	Target # of active OVC OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files. OVC_HIVSTAT
FY24 TOTAL		187,146	**45,325**	**38,107**	187,146
Beitbridge		-	1,092	1,734	-
Bubi		-	-	202	-
Buhera		13,561	-	-	13,561
Bulawayo		10,819	2,500	6,286	10,819
Bulilima		2,069	909	1,394	2,069
Chegutu		9,328			9,328
Chipinge		11,421	2,500	4,477	11,421
Chiredzi		3,296	-	-	3,296
Chitungwiza		3,938	-	-	3,938
Chivi		2,686	5,000	-	2,686
Gokwe South			5,000	-	
Goromonzi		10,372	-	-	10,372
Gutu		9,662	5,000	-	9,662

Gwanda		2,896	1,350	2,054	2,896
Gweru		5,847	1,569	2,956	5,847
Harare		24,670	-	-	24,670
Hurungwe		3,391	-	-	3,391
Insiza		4,284	1,206	1,760	4,284
Kwekwe		3,979	-	-	3,979
Lupane		3,161	-	328	3,161
Makonde		15,580	-	-	15,580
Makoni		11,739	2,500	4,203	11,739
Mangwe			780	1,221	
Masvingo		3,996	-	-	3,996
Matobo			920	1,366	
Mazowe	**162, 368**	2,431	2,500	4,128	2,431
Mberengwa			5,000	-	
Mutare		9,415	2,500	5,442	9,415
Mwenezi		3,311	-	-	3,311
Nkayi			-	297	
Seke		2,939	-	-	2,939
Tsholotsho		-	-	259	-
Zaka		-	5,000	-	-
Zvimba		12,355	-	-	12,355
FY25 TOTAL		187,146	**45,325**	**38,107**	187,146