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April 17, 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: Zambia Country Operational Plan 2019 Approval

Recommendations

Approve the Zambia Country Operational Plan (COP) 2019 with a total budget of **\$421,054,506**, 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:

Zambia	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	350,558,307	70,496,199	421,054,506
COP 19 Bilateral	350,558,307	70,496,199	421,054,506
Central TLS Funds	-	-	-

* 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 **\$421,054,506**. **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 2020 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.

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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.

Approve access for the Zambia PEPFAR program of up to \$2,745,735 in central funding for the procurement of condoms and lubricants

PEPFAR Zambia 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 11-15, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Zambia's virtual COP 2019 approval with Ambassador Birx on April 17, 2019.

Program Summary

Funding and targets for Zambia's Country Operational Plan 2019 support PEPFAR Zambia's vision in partnership with the Government and people of Zambia to achieve epidemic control by 2020. COP 2019 funds will accelerate progress to 95-95-95, ensuring that of the estimated 1,224,017 people living with HIV (PLHIV), the country will achieve its goal of 95% of PLHIV diagnosed (1,162,816), on treatment (1,114,777) and virally suppressed by 2020 (1,059,038).

In order to not only reach, but sustain epidemic control, the Government of Zambia circulated a memo fast tracking the use of tenofovir/lamivudine/dolutegravir (TLD) and requiring that all facilities immediately offer multi-month dispensing of 6 months. This approval is possible because of the Government of Zambia's willingness to evolve and advance the policies that allow the PEPFAR/Zambia program to implement all the minimum requirements

Funding under COP 2019 will be used to target scale up in attained districts across all age and sex bands where gaps have been identified. For PLHIV diagnosed PEPFAR Zambia will continue the expansion of programmatically

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and cost effective Index Testing through assisted partner notification and testing of all sexual networks of index clients; testing of biological children of index clients and finally testing other household members only after screening for HIV test eligibility using the agreed upon HIV screening tool. Funding of these interventions will assure Zambia achieves the first 95 and diagnoses PLHIV to ensure they can thrive, and to effectively control the epidemic by suppressing transmission through identified treatment and virologic suppression of all PLHIV. Prioritized populations include young men (25-45), partners of pregnant and lactating mothers, Key Populations (KPs) and Adolescent Girls and Young Women (AGYW) based on detailed geographic and epidemiologic analysis of who precisely are missing from effective treatment.

As agreed to during the COP 2019 in-person meeting in Johannesburg, South Africa, the COP 2019 (FY 2020) strategy focuses PEPFAR Zambia use of micro-targeting for community testing to reach men, AGYW and their partners, and KPs. In their suite of interventions, PEPFAR Zambia will include Geo mapping of hot spots based on results of recency testing to reach KPs. Should the team find elevated transmission in a particular geographic area via recency and index testing, prevention services in that area, particularly PreP availability, must be enhanced. During COP 2019, PEPFAR Zambia will collaborate with Faith Based Organizations (FBOs) to reach more Zambians. They will leverage the December 2018 Washington, DC FBO Summit findings to network with group leaders and peers, and collaborate between communities and facilities to stimulate demand and improve access to HTS services as well as facilitate linkage for clients to ART.

PEPFAR Zambia will improve the impact of COP 2019 by expanding best practices of partner performance including daily reporting by service providers to implementing partners (IPs) on case identification and linkage by age and gender. These service providers must further increase planned index testing in Q3/Q4 of FY 2019 to reach the COP 2018 targets, and succeed in COP19. Service providers will report weekly to IPs on case identification and linkage by age and gender; and PEPFAR Zambia will conduct a weekly review of data with IPs and the use of continuous quality improvement (CQI) to immediately address gaps in achieving targets in case identification and linkage.

In FY 2020, PEPFAR Zambia will define the dynamics within the HIV population and more precisely target PEPFAR Zambia programs in order to sustain HIV epidemic control by preventing new infections. Amongst the priorities for these activities are: conducting a lab based acquired drug resistance surveillance; case-based surveillance; mortuary based mortality surveillance; HIV Recency and STIs in ANC; Surveillance and Behavioral Epidemiology Risk Survey (SABERS) - a military specific study to understand

the HIV prevalence and networks in the Zambia Defense Force; and a Key populations size estimation survey. PEPFAR Zambia will also apply social network analysis to routine index testing in Zambia. These collective systems will also be the backbone of the health security agenda.

The PEPFAR Zambia programmatic strategies for treatment and prevention activities to be implemented in FY 2020 are based on a thorough review of programmatic data and continued application of the Zambia Population-Based HIV Impact Assessment (ZAMPHIA) and program data analyses, as well as discussions with civil society and community organizations and implementing partners in a completely transparent manner. COP 2019 (FY 2020) plans will support strategies to achieve the PEPFAR minimum requirements and ensure epidemic control among adult men, orphans and vulnerable children (OVC), AGYW, and KPs is maintained.

In COP 2019, PEPFAR Zambia will support laboratory platforms across Zambia capable of testing 1.8 million viral load (VL) and/or Early Infant Diagnosis (EID) samples in a standard 240-day work year with standard 8-hour shifts. Lab mapping activities will also continue in FY 2020 in order to ensure that the central lab capacity will remain sufficient to test all VL samples that need to be tested along with the horizontal system support for health security.

As part of the COP 2019 strategy for FY 2020, PEPFAR Zambia will continue to provide quality services for the 1,114,777 individuals on antiretroviral treatment (ART), moving stable clients to 6 months dispensing of TLD as the first line regimen, which improves retention, and conducting annual viral load testing tightly coupled with adequate treatment literacy information. PEPFAR Zambia must link and triangulate pharmacy data with data in other above site systems, particularly in Q3/Q4 of FY 2019. Triangulation has been lacking and a comprehensive view of all relevant data must be achieved.

In FY 2020, PEPFAR Zambia will maintain a high standard for community and facility-based partners ensuring that data quality, linkage between community diagnosis to facility care and treatment, and patients are ultimately retained in care. The country is commended for its growing male strategy and funds will be utilized to find well men and initiate them on TLD ensuring high linkage and retention rates. These interventions are critical to closing the age band gaps for males.

PEPFAR Zambia and the Global Fund will support the Government of Zambia as they continue to scale up TLD transition for over 532,000 clients by December 2019, and COP 2019 funding will support antiretroviral (ARV) drugs and other commodities. PEPFAR Zambia will link ARV consumption through

the electronic laboratory information management system (eLIMS) to the patient electronic medical record (EMR), ensuring quality care is provided. In addition, PEPFAR Zambia will develop comprehensive treatment and viral load testing literacy information for clients and providers, disseminating new algorithms across the continuum of care in all facilities and points of care in the community, monitoring compliance to ensure clients have accurate information, and ensuring the provision of services to minimize GBV and reduce stigma.

The funding will continue to focus on the implementation of highly effective prevention interventions. High-risk HIV-negative clients will be provided with prevention interventions including pre-exposure prophylaxis (PrEP) and expand prevention programs for AGYW through DREAMS. Along with ensuring PLHIV are linked to, and retained on, treatment and other services, PEPFAR Zambia will enhance activities to prevent new infections. One priority is aggressive, targeted prevention services for high-risk groups to fight continued high incidence in girls and women ages 15 to 24. This includes saturating DREAMS districts through engagement with new schools, increasing the number of safe spaces, and expanding programs aimed at parents and changing community norms. DREAMS and OVC programming will also shift to focus on young girls ages 9 to 14 and ensure a comprehensive package of services to prevent sexual violence. Clinical interventions will include intensified evidence-based interventions, such as PrEP and gender-based violence services. Other priority prevention areas supported in FY 2020 include targeted demand creation and enhanced quality for voluntary medical male circumcision (VMMC), including approaches for boys over age 15, and scaled PrEP provision for at-risk groups such as serodiscordant couples and KPs. Together these focused and highly effective prevention activities will ensure robust and long-term control of the HIV pandemic in Zambia.

Continuous with our focused prevention effects for men and young women the OVC platform will be a continuum of support for vulnerable girls and boys. During COP 2019, PEPFAR Zambia will support scale up of the OVC minimum package. Reducing risk of HIV infection among adolescents 10-14 years will be a key focus as this age group is particular vulnerability to physical and sexual abuse and HIV infection. Prevention of all forms of violence, imparting risk reduction skills, and help seeking behavior will be key components of the minimum package. OVC programming will be aligned with treatment services to facilitate index case finding, home-based testing, and referral of HIV infected children to ART and adherence support to those with unsuppressed viral loads. These measures will increase HIV treatment adherence, retention, and viral load suppression in HIV positive OVC.

The plans outlined in COP19 meet the minimum program requirements. The Government of Zambia agreed to scale up TLD transition for over 532,000 clients by December 2019, and six month multi-month dispensing services by the end of COP 18 at 80 percent of facilities. As agreed to in the outbrief with Ambassador Birx, men cannot continue to account for greater than 60 percent of the cohort on TLD. Good practices from districts which have successfully transitioned more efficacious regimens to women should be shared across Zambia. As agreed to with civil society, PEPFAR Zambia will immediately develop comprehensive treatment and viral load testing literacy information for clients and providers, disseminating new algorithms and monitoring compliance to ensure clients have accurate information and ensuring the provision of services to minimize GBV and reduce stigma.

In addition to the aforementioned COP2019 priorities, PEPFAR Zambia is committed to demonstrate continued performance improvement as we close out COP2018 implementation. The initial priority area for focus during quarters 3 and 4 of COP2018 includes scaling the provision of index testing to all districts and demonstrate case finding efforts specifically focused on the identification of men in order to reach COP2018 targets for this population. Additionally, Team Zambia will continue efforts to trace, characterize and re-engage patients that have fallen into the Lost to follow Up category with the definitional change of Current on Treatment. Through the characterization of clients, action can be taken to prevent lost to follow up going forward and in future reporting periods. It is also be important to have the most complete and timely patient level data to keep track of patients that are missing appointments and to be able to reengage patients quickly. PEPFAR Zambia will continue it's work linking pharmacy data to the SmartCare system to ensure a comprehensive view of patient's clinical and pharmacy visits as well as movement between sites.

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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Zambia	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
DOD TOTAL	9,781,919	-	-	9,781,919	2,186,402	11,968,321
<i>of which, Cervical Cancer</i>	300,000	-	-	300,000	-	300,000
<i>of which, VMMC</i>	757,819	-	-	757,819	250,000	1,007,819
HHS TOTAL	122,177,024	-	2,412,531	124,589,555	20,912,717	145,502,272
HHS/CDC	119,677,024	-	2,412,531	122,089,555	20,912,717	143,002,272
<i>of which, Cervical Cancer</i>	2,927,253	-	-	2,927,253	-	2,927,253
<i>of which, DREAMS</i>	653,675	-	-	653,675	-	653,675
<i>of which, FBO Surge</i>	7,631,350	-	-	7,631,350	-	7,631,350
<i>of which, Surveillance and Public Health Response</i>	2,315,000	-	-	2,315,000	-	2,315,000
<i>of which, VMMC</i>	10,977,846	-	-	10,977,846	-	10,977,846
HHS/HRSA	2,500,000	-	-	2,500,000	-	2,500,000
PEACE CORPS TOTAL	4,000,498	-	-	4,000,498	1,320,123	5,320,621
<i>of which, DREAMS</i>	518,569	-	-	518,569	-	518,569
STATE TOTAL	1,467,436	-	-	1,467,436	450,747	1,918,183
<i>State</i>	1,112,437	-	-	1,112,437	450,747	1,563,184
<i>State/AF</i>	354,999	-	-	354,999	-	354,999
USAID TOTAL	185,718,899	25,000,000	-	210,718,899	45,626,210	256,345,109
USAID, non-WCF	99,878,923	-	-	99,878,923	42,450,598	142,329,521
<i>of which, CDC Positions</i>	-	-	-	-	-	-
<i>of which, Cervical Cancer</i>	2,927,253	-	-	2,927,253	-	2,927,253
<i>of which, DREAMS</i>	11,565,211	-	-	11,565,211	386,753	11,951,964
<i>of which, FBO Surge</i>	6,868,650	-	-	6,868,650	-	6,868,650
<i>of which, VMMC</i>	7,717,172	-	-	7,717,172	1,244,620	8,961,792
USAID, WCF	85,839,976	25,000,000	-	110,839,976	3,175,612	114,015,588
<i>of which, Surveillance and Public Health Response</i>	707,291	-	-	707,291	-	707,291
TOTAL	323,145,776	25,000,000	2,412,531	350,558,307	70,496,199	421,054,506
<i>of which, Cervical Cancer</i>	6,154,506	-	-	6,154,506	-	6,154,506
<i>of which, DREAMS</i>	12,737,455	-	-	12,737,455	386,753	13,124,208
<i>of which, FBO Surge</i>	14,500,000	-	-	14,500,000	-	14,500,000
<i>of which, Surveillance and Public Health Response</i>	3,022,291	-	-	3,022,291	-	3,022,291
<i>of which, VMMC</i>	19,452,837	-	-	19,452,837	1,494,620	20,947,457

* 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.

Pending Congressional Approval

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Zambia		SNU Prioritizations					
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	Total *
HTS_INDEX	<15	29,124	20,488	2,009	4,074	-	57,366
	15+	51,876	23,962	1,705	1,138	-	84,718
	Total	81,000	44,450	3,714	5,212	-	142,084
HTS_TST	<15	88,812	80,379	9,870	18,421	-	211,338
	15+	719,920	376,866	40,979	33,764	3,469	1,244,848
	Total	808,732	457,245	50,849	52,185	3,469	1,456,186
HTS_TST_POS	<15	3,284	2,486	285	604	-	6,860
	15+	49,235	20,796	1,483	1,101	-	79,418
	Total	52,519	23,282	1,768	1,705	-	86,278
TX_NEW	<15	3,485	2,533	280	599	-	7,100
	15+	47,127	19,977	1,424	1,078	-	76,078
	Total	50,612	22,510	1,704	1,677	-	83,178
TX_CURR	<15	39,602	17,897	1,747	1,351	-	62,119
	15+	699,336	276,508	24,460	7,908	-	1,052,658
	Total	738,938	294,405	26,207	9,259	-	1,114,777
TX_PVLS	<15	40,805	17,554	1,675	1,201	-	62,708
	15+	725,660	285,939	25,398	8,090	-	1,087,931
	Total	766,465	303,493	27,073	9,291	-	1,150,639
CXCA_SCRN	Total (15+)	154,174	36,604	2,492	1,680	-	205,756
OVC_SERV	<18	274,051	60,322	1,336	-	-	348,452
	18+	15,914	47	-	-	-	15,961
	Total	289,965	60,369	1,336	-	-	364,413
OVC_HIVSTAT	Total (<18)	274,335	60,326	1,336	-	-	348,740
PMTCT_STAT	<15	374	231	2	14	-	760
	15+	280,189	148,816	4,242	9,375	-	457,217
	Total	280,563	149,047	4,244	9,389	-	457,977
PMTCT_STAT_POS	<15	51	7	-	-	-	71
	15+	32,521	12,965	281	511	-	47,863
	Total	32,572	12,972	281	511	-	47,934
PMTCT_ART	<15	43	3	-	-	-	58
	15+	30,911	12,353	272	484	-	45,525
	Total	30,954	12,356	272	484	-	45,583
PMTCT_EID	Total	29,447	11,681	255	462	-	43,283
PP_PREV	<15	125,409	29,136	2,463	1,041	840	159,140
	15+	592,904	153,766	11,235	6,019	4,046	770,719
	Total	718,313	182,902	13,698	7,060	4,886	929,859
KP_PREV	Total	54,329	4,236	-	-	-	58,565
KP_MAT	Total	-	-	-	-	-	-
VMMC_CIRC	<15	66	99	-	154	-	7,776
	15+	236,934	97,256	25,095	18,271	3,469	391,611
	Total	237,000	97,355	25,095	18,425	3,469	399,387
HTS_SELF	Total	139,168	216,583	37,668	11,817	-	407,081
PrEP_NEW	Total	15,511	4,684	89	45	-	20,329
PrEP_CURR	Total	14,529	4,010	85	44	-	18,668
TB_STAT (N)	<15	1,327	353	-	-	-	1,840
	15+	29,482	5,506	48	16	-	36,196
	Total	30,809	5,859	48	16	-	38,036
TB_ART (N)	<15	2,176	392	2	-	-	2,693
	15+	12,244	2,228	14	-	-	14,988
	Total	14,420	2,620	16	-	-	17,681
TB_PREV (N)	<15	9,891	4,558	319	298	68	15,509
	15+	199,699	77,783	4,808	4,425	1,925	299,624
	Total	209,590	82,341	5,127	4,723	1,993	315,133
TX_TB (N)	<15	41,748	18,364	1,755	1,533	-	64,933
	15+	739,628	291,916	25,817	8,421	-	1,110,567
	Total	781,376	310,280	27,572	9,954	-	1,175,500
GEND_GBV	Total	12,815	909	221	-	-	13,945

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

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	239,053,278
HKID Requirement	20,126,445
Preventing and Responding to Gender-based Violence	3,219,370
Water	614,000
* 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 Zambia's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.