



UNCLASSIFIED

April 23, 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: Zimbabwe Country Operational Plan 2019 Approval

Recommendations

Approve the Zimbabwe Country Operational Plan (COP) 2019 with a total budget of \$162,947,750, 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:

Zimbabwe	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	143,344,196	19,603,554	162,947,750
COP 19 Bilateral	143,344,196	19,603,554	162,947,750

* 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 \$162,947,750. **Any prior year funds that are not included within this COP 2019 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2020 without additional written approval.** The new FY 2019 funding and prior year funds approved within this memo as a part of the total COP 2019 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2020– must be submitted to and approved by S/GAC.

Approve access for the Zimbabwe PEPFAR program of up to \$4,632,048 in central funding for the procurement of condoms and lubricants.

UNCLASSIFIED

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.

OU 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 Zimbabwe's virtual COP 2019 approval with Ambassador Birx on April 23, 2019.

Program Summary

Funding and targets for Zimbabwe's Country Operational Plan 2019 support PEPFAR Zimbabwe's vision to find the remaining undiagnosed HIV-positive cases needed to reach the 95-95-95 goals in all population groups, including children, and in all geographic areas; to link them to treatment; and to promote treatment adherence and maintenance. Zimbabwe has a projected persons living with HIV (PLHIV) estimate of 1,369,591. In order to reach the 95-95-95 targets at the national level, the country must ensure that at least 1,301,111 PLHIV know their status, at least 1,236,056 PLHIV are on antiretroviral therapy (ART), and at least 1,174,253 PLHIV are virally suppressed. PEPFAR Zimbabwe will ensure effective prevention interventions and validate achievement of epidemic control by repeating the HIV impact survey and improving national surveillance.

As Zimbabwe approaches epidemic control, the country team will redouble efforts to find the remaining undiagnosed PLHIV and get them onto treatment, ensuring viral load (VL) suppression and preventing all onward transmission. Given the difficulties finding the remaining PLHIV, PEPFAR Zimbabwe must ensure that all those who test positive are immediately linked to treatment and virally suppressed for their own health. In order to maximize the impact of the program and reduce transmission, it is critically important to ensure that all patients have access to VL testing, and that at least 95% of those who are on

treatment have a suppressed VL. This will require dedication of sufficient resources to allow for scale up in VL testing and additional efforts to expand the successful models of differentiated service delivery.

The PEPFAR Zimbabwe strategy for programming to be implemented in FY 2020 is based on a thorough review of programmatic data, as well as discussions with civil society, community organizations, and implementing partners. Improving the care of PLHIV in Zimbabwe is contingent on policy changes that were agreed to by the Ministry of Health, and PEPFAR Zimbabwe is on track to achieve PEPFAR's 13 minimum policy requirements by the end of COP 2019 (FY 2020). The requirements of significant importance to achieving sustained epidemic control in Zimbabwe are: regionalized case-finding approaches that fit the local epidemiology and address the local gaps; expansion of index testing and self-testing in all districts; cessation of all use of nevirapine and acceleration of transition to tenofovir/lamivudine/dolutegravir (TLD); scale-up of tuberculosis (TB) preventive treatment (TPT); improvements in access to VL testing and VL suppression in populations and at sites that are lagging; and development and roll-out of the national case-based surveillance system.

In COP 2019 PEPFAR Zimbabwe will further refine their integrated HIV Testing Services (iHTS) model with differentiated approaches by geographic area and population. Case-finding strategies will differ based on the number of undiagnosed PLHIV remaining in each of the 40 PEPFAR supported districts. In all districts, any facility-based testing will be targeted to maintain a yield at or above 10%. The program will also continue to improve linkage and retention to ensure that all PLHIV receive and are maintained on treatment and achieve VL suppression.

In the 14 districts with low or no remaining PLHIV to identify, the program will move to limited diagnostic testing in facilities, with index and recency testing on all newly identified HIV cases. In these low or no gap districts, human resources will also shift and PEPFAR-supported staff dedicated to HIV case-finding will be transitioned to support index testing, treatment adherence, retention, and VL monitoring for PLHIV on ART. In the 19 districts with a moderate number of undiagnosed PLHIV to identify, the program will focus on highly targeted facility-based testing with index and recency testing on all newly identified HIV cases and community-based testing for key populations. In addition, moderate gap districts will leverage HIV self-testing in hard to reach populations with a high number of undiagnosed PLHIV needing treatment (e.g., adult men, key populations). Human resources in these districts will be shifted from their intense emphasis on case-finding in the facility to index testing. In the seven districts with a high number of undiagnosed PLHIV, the

UNCLASSIFIED

- 4 -

program will also focus on targeted facility-based testing with index and recency testing on all newly identified HIV cases and community-based testing for key populations. In addition, high gap districts will conduct targeted community outreach through PEPFAR's faith-based initiative to identify undiagnosed men.

PEPFAR Zimbabwe, in close collaboration with the Global Fund and the Ministry of Health, will cease all use of nevirapine by the end of COP 2018 (FY 2019). Policy guidelines for optimized ART have already been developed, and patients that are on a nevirapine-based regimen will be transitioned to more effective regimens. This transition will facilitate accelerated scale-up of TLD, which is a much more effective regimen, associated with better adherence and more reliable VL suppression. The timeline for completion of the transition to TLD will be moved up March to January 2020. Furthermore, the Ministry of Health will develop guidelines to educate patients on the risks and benefits of TLD and offer it to all patients who meet weight requirements; this includes offering it to women of child-bearing potential without regard to contraception. PEPFAR Zimbabwe will adopt a patient-centered approach in all activities and address individual-level barriers to care and retention with increased efforts at the facility level to bring those lost to follow up back into care.

An important shortcoming that will be addressed by COP 2019 (FY 2020) is the currently stalled TPT program. PEPFAR Zimbabwe will expand TB control through active case-finding and scale-up of TPT among HIV positive clients to ensure control of both HIV and TB as well as to prevent multi-drug resistant TB. Within COP 2019 (FY 2020), at least 40% of eligible PLHIV will complete a course of TPT. It is expected that by the end of COP 2020 (FY 2021), all eligible PLHIV will have completed a course a TPT.

Zimbabwe scaled up an effective HIV prevention program built around impactful orphans and vulnerable children (OVC) and Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) interventions, the latter focusing on adolescent girls and young women (AGYW). In COP 2019 (FY 2020), OVC services and enrollment will be better aligned to children living with HIV, especially 9 to 14-year olds, to provide comprehensive prevention and treatment services and focus on prevention of sexual violence and assault. In COP 2019 the OVC and DREAMS program will further enhance systematic linkage/referrals for appropriate services and strengthen focus on sexual violence prevention, including greater inclusion of sexually active boys and young men. During COP 2019 implementation through FY 2020, other prevention through the Voluntary Medical Male Circumcision program will intensify efforts targeting 15 to 29-year old males.

UNCLASSIFIED

Ongoing maintenance of epidemic control will rely on sensitive surveillance that allows longitudinal tracking of unique HIV cases from diagnosis to mortality and captures recent HIV infections to help inform and focus HIV case-finding and prevention interventions. At the horizontal health system level, Zimbabwe will begin rapidly scaling the monitoring of HIV sentinel events through case-based surveillance, with a plan to scale to all sites by the end of COP 2020. In addition, the program will scale the electronic health record (EHR) patient-level health information management system. PEPFAR Zimbabwe will maintain secondees supporting the Ministry of Health and Child Care to support case-based surveillance and EHR roll-out and expansion as well as support supply chain strengthening. Lastly, the PEPFAR program will support coordinated investments with Global Fund to ensure adequate supplies of laboratory reagents and improvements in laboratory specimen transportation, which is horizontal at the system level and is supporting health security. The strong systems investments, from EHR to surveillance to laboratory infrastructure, is funding the in-country platform for health security.

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.

UNCLASSIFIED

- 6 -

Zimbabwe	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
HHS TOTAL	45,564,012	-	1,250,000	46,814,012	-	46,814,012
HHS/CDC	45,564,012	-	1,250,000	46,814,012	-	46,814,012
<i>of which, Cervical Cancer</i>	2,066,127	-	-	2,066,127	-	2,066,127
<i>of which, DREAMS</i>	63,595	-	-	63,595	-	63,595
<i>of which, FBO Surge</i>	5,643,692	-	-	5,643,692	-	5,643,692
<i>of which, Surveillance and Public Health Response</i>	3,584,860	-	-	3,584,860	-	3,584,860
<i>of which, VMMC</i>	10,696,262	-	-	10,696,262	-	10,696,262
STATE TOTAL	178,000	-	-	178,000	24,000	202,000
State	92,000	-	-	92,000	-	92,000
State/AF	86,000	-	-	86,000	24,000	110,000
USAID TOTAL	96,352,184	-	-	96,352,184	19,579,554	115,931,738
USAID, non-WCF	72,827,197	-	-	72,827,197	-	72,827,197
<i>of which, Cervical Cancer</i>	2,216,623	-	-	2,216,623	-	2,216,623
<i>of which, DREAMS</i>	14,720,190	-	-	14,720,190	-	14,720,190
<i>of which, FBO Surge</i>	4,919,486	-	-	4,919,486	-	4,919,486
<i>of which, USAID LES</i>	965,000	-	-	965,000	-	965,000
<i>of which, VMMC</i>	14,223,768	-	-	14,223,768	-	14,223,768
USAID, WCF	23,524,987	-	-	23,524,987	19,579,554	43,104,541
<i>of which, Cervical Cancer</i>	1,200,000	-	-	1,200,000	-	1,200,000
<i>of which, DREAMS</i>	527,000	-	-	527,000	-	527,000
<i>of which, FBO Surge</i>	436,822	-	-	436,822	-	436,822
<i>of which, Surveillance and Public Health Response</i>	752,330	-	-	752,330	-	752,330
<i>of which, VMMC</i>	6,292,848	-	-	6,292,848	-	6,292,848
TOTAL	142,094,196	-	1,250,000	143,344,196	19,603,554	162,947,750
<i>of which, CDC Positions</i>	-	-	-	-	-	-
<i>of which, Cervical Cancer</i>	5,482,750	-	-	5,482,750	-	5,482,750
<i>of which, DREAMS</i>	15,310,785	-	-	15,310,785	-	15,310,785
<i>of which, FBO Surge</i>	11,000,000	-	-	11,000,000	-	11,000,000
<i>of which, Surveillance and Public Health Response</i>	4,337,190	-	-	4,337,190	-	4,337,190
<i>of which, USAID LES</i>	965,000	-	-	965,000	-	965,000
<i>of which, VMMC</i>	31,212,878	-	-	31,212,878	-	31,212,878

* 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.

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

UNCLASSIFIED

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

UNCLASSIFIED

- 8 -

Zimbabwe		SNU Prioritizations						Total *
		Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	Sustained: Commodities	Attained	
HTS_INDEX	<15	53,960					38,081	92,041
	15+	160,841					80,221	241,062
	Total	214,801	-	-	-	-	118,302	333,103
HTS_TST	<15	190,374					93,401	283,775
	15+	832,443					423,575	1,256,018
	Total	1,022,817	-	-	-	-	516,976	1,539,793
HTS_TST_POS	<15	7,712					6,064	13,776
	15+	81,079					47,593	128,672
	Total	88,791	-	-	-	-	53,657	142,448
TX_NEW	<15	7,956					5,858	13,814
	15+	81,190					46,294	127,484
	Total	89,146	-	-	-	-	52,152	141,298
TX_CURR	<15	55,157					21,773	76,930
	15+	782,213					361,940	1,144,153
	Total	837,370	-	-	-	-	383,713	1,221,083
TX_PVLS	<15	52,019					20,591	72,610
	15+	743,211					344,208	1,087,419
	Total	795,230	-	-	-	-	364,799	1,160,029
CXCA_SCRN	Total (15+)	166,743					77,877	244,620
OVC_SERV	<18	184,597					66,464	251,061
	18+	87,891					18,519	106,410
	Total	272,488	-	-	-	-	84,983	357,471
OVC_HIVSTAT	Total (<18)	184,597					66,464	251,061
PMTCT_STAT	<15	-					-	-
	15+	198,171					84,307	282,478
	Total	198,171	-	-	-	-	84,307	282,478
PMTCT_STAT_POS	<15	-					-	-
	15+	90,206					41,320	131,526
	Total	90,206	-	-	-	-	41,320	131,526
PMTCT_ART	<15	-					-	-
	15+	85,119					39,857	124,976
	Total	85,119	-	-	-	-	39,857	124,976
PMTCT_EID	Total	85,059					39,889	124,948
PP_PREV	<15	45,842					7,569	53,411
	15+	40,577					6,898	47,475
	Total	86,419	-	-	-	-	14,467	100,886
KP_PREV	Total	15,745					23,246	38,991
KP_MAT	Total	-					-	-
VMMC_CIRC	<15	82,646					23,673	106,319
	15+	143,784					49,897	193,681
	Total	226,430	-	-	-	-	73,570	300,000
HTS_SELF	Total	173,907					125,969	299,876
PrEP_NEW	Total	3,484					4,755	8,239
PrEP_CURR	Total	2,771					3,691	6,462
TB_STAT (N)	<15	592					628	1,220
	15+	13,785					8,291	22,076
	Total	14,377	-	-	-	-	8,919	23,296
TB_ART (N)	<15	690					1,027	1,717
	15+	3,860					5,189	9,049
	Total	4,550	-	-	-	-	6,216	10,766
TB_PREV (N)	<15	22,861					9,280	32,141
	15+	320,628					149,250	469,878
	Total	343,489	-	-	-	-	158,530	502,019
TX_TB (D)	<15	48,128					19,776	67,904
	15+	678,211					316,389	994,600
	Total	726,339	-	-	-	-	336,165	1,062,504
GEND_GBV	Total	10,608					2,736	13,344

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

Budgetary Requirements

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

UNCLASSIFIED

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	53,416,302
HKID Requirement	17,397,121
Preventing and Responding to Gender-Based Violence	1,821,275
Water	125,000

* 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 Zimbabwe's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.