United States Department of State

Washington, D.C. 20520

January 16, 2019

INFORMATION MEMO FOR AMBASSADOR DANIEL L. FOOTE, ZAMBIA

FROM: S/GAC – Ambassador Deborah L. Birx, MD

SUBJECT: FY 2019 PEPFAR Planned Allocation and Strategic Direction

Thank you Ambassador Foote and Deputy Chief of Mission Kraft. You have provided immeasurable leadership and guidance to our PEPFAR staff under your authority in Zambia for which we are grateful. Your leadership has been invaluable for our efforts to enhance PEPFAR program impact. Thank you for your willingness to work with us to communicate the strategic direction for COP 19 expressed through this letter to the communities, the Government, and all stakeholders in Zambia.

The United States has invested $3,855,108,825 in the HIV pandemic in Zambia. Zambia made good progress combating the epidemic in FY 2018 and we acknowledge that success. Together with partners including the Global Fund, we took note of the significant work by the interagency and partners through the various provincial "Zambia Surge" efforts to link traditional and faith leaders, youth, communities, government and technical partners to support strategies to find, link, retain, and virally suppress particularly the PLHIV men, pediatrics, and adolescents to successfully reach epidemic control by 2020. We appreciated the consistent attention throughout the fiscal year to implement onsite remediation in real time across the country; embed LE staff in provincial offices so oversight was in the proximity of partner performing areas; draft all partner workplans so the work was aligned with agreements signed in the COP approval meetings; incorporate new contracting approaches including payment for results schemes, and develop TX_CURR and ART coverage trackers per partner per location that allowed the PEPFAR staff to monitor performance of TX_CURR, 90/90 targets achieved, and 95/95 targets reached. We also applaud the Government of Zambia's responsiveness on all levels to put key policy's in place, rapidly develop or update guidelines and release needed circulars to facilitate rapid implementation. These efforts led to OU-level performance improvements over the previous fiscal year. We congratulate you on your actions taken and ask that you keep the momentum going for the next set of challenges to be solved.

As S/GAC met in December to review FY 2018 performance and rank countries' progress to epidemic control by 2020, the primary directive to Zambia for COP19 is to "scale up faster" to achieve epidemic control of all populations and geographies in Zambia by 2020. Analysis of the FY 2018 performance highlighted the primary concerns of finding missing men, pediatrics and adolescents, closing the gap of undiagnosed PLHIV and meeting the first 90 target. Adult male ART coverage at 62% is inadequate, and our pediatric program continues to fail at case finding, delivers poor yields, low EID coverage, and poor viral load suppression. We are very concerned that if the overall program retention data is to be believed, that our gains in case finding and linkage in FY 2018 are being offset by retention loses with a TX_RET of 75.1%. We were also

concerned about partner expenditures for which we could determine little or no impact. The COP17/ FY 2018 Performance section of this letter should be carefully reviewed as it informs the contributions of each implementing partner that should be considered in COP 19 planning.

For COP19, of highest priority are the following. 1) First 90: To deliver on the first 90 by leveraging platforms including MenStar to find the missing men and to utilize smarter approaches to keep those men virally suppressed including scale-up use of pharmacy pickups; scaling up best practices in effective community index testing and using successful IPs to be trainers of trainers in other provinces; 2) Second 90: Focus on quality data reviews to investigate overall data quality for both patient care and commodity consumption, silent transfers, retention loss and deaths as contributing factors; determine what new avenues should be pursued to scale up TB clients on ART, as IPT targets are met; Scale up ART coverage of HIV-infected infants and improve EID coverage that has been unacceptably low for many years. The team must use more age-disaggregated data analysis to review pediatric ART coverage and report during each POART on pediatric performance; 3) Third 90: With 17 viral load laboratories across the country, we believe there is adequate in-country capacity to achieve the viral load targets, but quality remains an issue and coverage must be improved by 2020.

Zambia has worked with S/GAC to review data collection, storage, use and governance in country through technological partnerships in three districts. Zambia's COP 2019 funding is contingent on the continuation of this partnership, striving to integrate current and legacy data systems into a single integrated system that includes commodities, partner management and laboratory system data. This project has the potential to offer new visibility and utility of legacy data bases that can be integrated. This can simplify the ability of the PEPFAR team and the Government of Zambia to elevate the speed of delivery of quality care services, understand retention challenges in real time, and monitor ARV and viral load health product stocks for close to a million people on ART. We encourage a continued partnership to bring this integrated technology to scale across all data systems and the country to improve our oversight function.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total planning level for Zambia for the 2019 Country Operational Plan (COP 2019) is **$400,000,000**, inclusive of all new funding accounts and applied pipeline.

Any questions about the priorities and guidance laid out in this letter can be directed to your S/GAC Chair and Program Manager. My office is continually grateful for your teams' work on the PEPFAR program, helping us to move towards an AIDS-free generation by supporting the HIV response in Zambia.

APPENDICES:

1. **COP 2019 PLANNING LEVEL**
2. **COP 2019 BUDGETARY REQUIREMENTS & GUIDANCE**
3. **PAST PERFORMANCE**
4. **COP 2019 DIRECTIVES**

APPENDIX 1: COP 2019 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the FY 2018 Q4 POART and performance information, the total COP 2019 planning level is estimated to be comprised as follows:

Table 1. COP 2019 Budget

Zambia TOTAL COP 2019 PLANNING LEVEL: $400,000,000		
Total Base Budget for COP 2019 Implementation		**$400,000,000**
Total COP 2019 New Funding	330,518,420	
of which, DREAMS	*$13,124,208*	
of which, VMMC	*$20,947,457*	
of which, Cervical Cancer	*$3,500,000*	
Total Applied Pipeline**	$69,481,580	
Total Faith Based Organization Initiative Funding (FY 18 Funds)		**$14,500,000**

**Funding for the VMMC program must be at least the amount noted here; however, this total can come from both new and pipeline funds.*
***Applied pipeline by agency is provided in chart below*

Table 2. Applied Pipeline**

Zambia COP 2019 APPLIED PIPELINE BY AGENCY	
TOTAL APPLIED PIPELINE	**$69,481,580**
DOD	$2,186,402
HHS/CDC	$20,912,717
PC	$1,320,123
State	$3,136,128
USAID	$41,926,210

**Based on agency reported available pipeline from EOFY

All planning levels are subject to further adjustment, **based upon appropriations**, further analysis determining the availability of excessive pipeline, and other developments during the course of COP 2018 implementation and the COP 2019 review process. The total spend in the implementation of COP 2019 (FY 2020) may not exceed the total COP 2019 planning level of **$400,000,000.**

Central Funding

Zambia is also receiving $14,500,000 in Central Funds as a part of the FBO Initiative. These FY 2018 funds are being notified to you via this letter, to support new activities for communities of faith in raising awareness, HIV case-finding/linkage/retention, and prevention of sexual violence

and HIV risk among ages 9-14 years. These funds are being released immediately, ahead of the release of the bilateral COP 2019 funds. Central Funds for the FBO Initiative should be used as soon as possible after receipt, during the current implementation cycle of COP 2018/FY 2019. Each country team should specify the purpose and use of these funds (based the data and analysis from the recent FBO TDYs) as part of the SDS.

APPENDIX 2: COP 2019 BUDGETARY REQUIREMENTS

Table 3. COP 2019 Earmarks

Zambia COP 2019 EARMARK REQUIREMENTS	
Care and Treatment (C&T)	$ 208,226,605
% of base funds allocated to C&T	*63%*
HKID	$ 19,831,105
Gender Based Violence (GBV)	$ 3,110,000
Water	$ 614,000

Care and Treatment: If there is no adjustment to the COP 2019 new funding level due to an adjustment in applied pipeline, OU's minimum requirement for the care and treatment earmark is reflected in the chart above. Your care and treatment requirement is calculated as the sum of total new FY 2019 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS budget codes, 30% of the total funding programmed to the MTCT budget code, 80% of the total funding programmed to the HLAB budget code, and 30% of the total funding programmed to the HVCT budget code. This minimum care and treatment earmark has been derived based upon a requirement that your country programs a minimum of 63% of all **new FY 2019 Base Funds** to care and treatment of people living with HIV.

HKID Requirement: Zambia's COP 2019 minimum requirement for the HKID budget code is reflected in the chart above. Your COP 2019 HKID requirement is derived based upon the approved COP 2018 HKID level. The COP 2019 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Gender Based Violence (GBV): Zambia's COP 2019 minimum requirement for the GBV earmark is reflected in the chart above. Your GBV earmark requirement is calculated as the total **new FY 2019** funding programmed to the GBV cross-cutting code. Your COP 2019 earmark is derived by using the final COP 2018 GBV earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Zambia's COP 2019 minimum requirement for the water earmark is reflected in the chart above. Your water earmark requirement is calculated as the total **new FY 2019 funding** programmed to the water cross-cutting code. Your COP 2019 earmark is derived by using the final COP 2018 water earmark allocation as a baseline. The COP 2019 planned level of new FY 2019 funds for water can be above this amount; however, it cannot fall below it.

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of

these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. PEPFAR has set a 70% goal **by agency** by the end of FY20, and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each Zambia agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP 2019 submission.

COP 2019 Applied Pipeline

All agencies in Zambia should hold a 3 month pipeline at the end of COP 2019 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP 2018 implementation (end of FY 2019) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP 2019, decreasing the new funding amount to stay within the planning level.

The Applied Pipeline amount of $69,481,580 given by S/GAC as a part of the COP 2019 planning level has been calculated to reflect the projected excessive pipeline as of the beginning of the COP 2019 implementation cycle (FY 2020), and is the minimum amount that Zambia must apply as pipeline in the COP 2019 submission. The distribution of new base funds and Applied Pipeline was calculated to ensure 3 months of pipeline remains with mechanisms, based upon the financial data submitted for the FY 2018 Q4 Obligation and Outlay and FY 2018 End of Fiscal Year (EOFY) reports. Expired funds, funds on expired mechanisms and projected FY 2019 outlays as submitted in the EOFY report were all taken into consideration to inform the projected excessive pipeline and the required COP 2019 applied pipeline amount.

Unliquidated obligations on closed mechanisms identified in the FY 2018 EOFY report should be de-obligated in a timely manner. This will continue to be monitored throughout FY 2019 (COP 2018 implementation) and into COP 2019.

APPENDIX 3: PAST PERFORMANCE TRENDS

Table 4. COP 2017/ FY 2018 Outlays versus Approved Budget*

	Approved COP 2017 Planning Level	Total FY 2018 Outlays	Over/Under Outlays
Zambia	**$ 408,271,952**	**$ 321,500,919**	**$ (86,771,033)**
HHS	$ 136,512,806	$ 120,990,141	$ (15,522,665)
USAID	$ 239,373,635	$ 189,808,014	$ (49,565,621)
DoD	$ 15,663,444	$ 14,325,995	$ (1,337,449)
PC	$ 5,135,198	$ 3,657,917	$ (1,477,281)
State	$ 11,586,869	$ (7,281,148)	$ (18,868,017)
Grand Total	**$ 408,271,952**	**$ 321,500,919**	**$ (86,771,033)**

** State obligations and outlays have not yet been reconciled and the numbers in this table may change based on reconciliation.*

Zambia's total FY 2018 outlay level of $321,500,919 is under your approved spend level of $408,271,952 (COP 2017 budget). Within this total, all PEPFAR Zambia agencies spent below their approved level. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP2017 approved planning level.

Table 5. IP FY18 Outlays*

***** *This table was based off the FY18 EOFY submissions, but edited to reflect OPU's as of January 15th, 2019. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP17 approved planning level.*

Mech ID	Prime Partner	Funding Agency	COP17/FY18 Budget (New funding + Pipeline)	Actual FY18 Outlays ($)	Over/Under FY18 Outlays (Actual $ - Total COP17 Budget $)
10219	Elizabeth Glaser Pediatric AIDS Foundation	HHS/CDC	$ -	$ 296,191	$ 296,191
13033	Population Council	HHS/CDC	$ -	$ 126,025	$ 126,025
14338	World Vision International	USAID	$ -	$ 2,323	$ 2,323
14392	JHPIEGO	HHS/CDC	$ -	$ 1,817	$ 1,817
17354	FHI 360	USAID	$ -	$ 189,788	$ 189,788
17355	(ASSIST) - Applying Science to Strengthen and Improve Systems Project	USAID	$ -	$ 500,000	$ 500,000
17356	FHI 360	USAID	$ -	$ 750,085	$ 750,085
17396	Society for Family Health	USAID	$ 1,297,251	$ 1,651,544	$ 354,293
17439	University of North Carolina at Chapel Hill, Carolina Population Center	USAID	$ 500,000	$ 1,204,323	$ 704,323
18160	John Snow Inc (JSI)	USAID	$ 4,083,782	$ 5,341,019	$ 1,257,237
18345	University of California at San Francisco	HHS/CDC	$ 120,000	$ 189,505	$ 69,505

Table 6. COP 2017/ FY 2018 Results versus Targets*

** Financial and target performance data not a one-to-one correlation as program classification expenditures encompass more than those towards indicator/target presented.*

Agency	Indicator	FY18 Target	FY18 Result	% Achievement	Program Classification	FY18 Expenditure	% Service Delivery
HHS/ CDC	HTS_TST	1,676,084	2,992,360	179%	HTS	$7,311,181	81%
	HTS_TST_POS	180,217	123,362	68%			
	TX_NEW	160,216	107,551	67%	C&T	$54,319,540	77%
	TX_CURR	532,237	520,326	98%			
	VMMC_CIRC	135,267	173,425	128%	PREV: CIRC	$5,698,683	94%
	OVC_SERV	3,521	3,603	102%	SE for OVC	$396,325	100%
					Above Site Programs	$13,862,970	
					Program Management	$18,625,357	
DOD	HTS_TST	60,440	157,650	261%	HTS	$1,521,583	20%
	HTS_TST_POS	5,075	9,737	192%			
	TX_NEW	4,515	6,080	135%	C&T	$6,143,616	16%
	TX_CURR	45,968	30,293	66%			
	VMMC_CIRC	24,904	36,903	148%	PREV: CIRC	$1,129,382	82%
	OVC_SERV	9,990	9,782	98%	SE for OVC		
					Above Site Programs	$1,019,705	
					Program Management	$3,444,664	
USAID	HTS_TST	1,343,461	2,954,329	220%	HTS	$25,753,839	89%
	HTS_TST_POS	116,351	136,323	117%			
	TX_NEW	103,714	100,893	97%	C&T	$129,930,356	86%
	TX_CURR	385,936	349,270	90%			
	VMMC_CIRC	131,243	164,733	126%	PREV: CIRC	$4,654,537	87%
	OVC_SERV	470,951	399,856	85%	SE for OVC	$7,447,006	58%
					Above Site Programs	$18,233,402	
					Program Management	$38,291,482	
HHS/ HRSA	HTS_TST	N/A	N/A		HTS	N/A	
	HTS_TST_POS	N/A	65				
	TX_NEW	N/A	N/A		C&T	$897,641	0%
	TX_CURR	N/A	N/A				
	VMMC_CIRC	N/A	N/A		PREV: CIRC	N/A	
	OVC_SERV	N/A	N/A		SE for OVC	N/A	
					Above Site Programs	$1,479,273	
					Program Management	$1,637,674	
State/ AF	HTS_TST	N/A	N/A		HTS	N/A	
	HTS_TST_POS	N/A	N/A				
	TX_NEW	N/A	N/A		C&T	N/A	
	TX_CURR	N/A	N/A				
	VMMC_CIRC	N/A	N/A		PREV: CIRC	N/A	
	OVC_SERV	5,878	2,732	215%	SE for OVC	$100,511	85%
					Above Site Programs	$19,647	
					Program Management	$353	

COP 2017/ FY 2018 Performance

Overall Observations

- PEPFAR Zambia showed strong performance during COP 2017 implementation, but the amount of over testing must be addressed and doing more of the same must stop in this

current FY and a new testing strategy developed immediately based on current FY performance

Partners

- Family Health International, funded by DOD has historically underperformed against TX_CURR targets, while over achieving against TX_NEW. Team cites this as a concern with the DOD targets and target setting.
- Following trends in underperformance by CRS in Copperbelt, the interagency took action and removed a low performing partners as a prime, designating new prime partners in COP18, as well making shifts in agency coverage.

First 90

OU Performance

- In FY18, PEPFAR Zambia was able to identify 89% of the total 301,106 positives targeted to find in FY 2018. Though this is high achievement, Zambia exceeded their HTS testing target by over-testing through over spending and utilizing less effective case identification strategies.

Partner Performance

- While awaiting policy shifts, almost all facility-based partners over-tested—especially via PITC and VCT—to reach targets. Identifying HIV positive men and pediatrics remained a challenge.

Second 90

OU Performance

- PEPFAR Zambia reached 80% of the target for patients newly initiated on treatment (and linking 151,805 of the needed 223,581 (58%) net new needed to reach the FY18 TX_CURR target).
- Team Zambia has made significant progress as it pertains to linking patients to treatment following diagnosis with about 80% linkage rate in FY2018.

Partner Performance

- CRS, UMD- SCACHT and UTH all underperformed achieving only ~60% of the FY2018 TX_NEW target at the end of the year.
- PMTCT_ART coverage achievements (proportion of HIV positive pregnant women on ART) were lower than 85% for FHI360 (DOD) and Right to Care at 70% and 46% respectively.

Third 90

OU Performance

- PEPFAR Zambia demonstrated good results on viral load suppression, achieving 82% viral load suppression nationally. However, suppression rates differed greatly when comparing pediatrics (70%) and adults (84%)

- PEPFAR Zambia made a marked increase in viral load testing coverage compared to last year (42% vs. 25%).

Partner Performance

- All major partners achieved viral suppression rates above 80% in adults
- Viral load testing coverage for pediatric patients is consistently low across partners with none testing more than 30% of all pediatric patients active on TX.
- Viral load testing coverage among pediatric patients is also considerably low. In total, 8 out of 12 partners have a coverage less than 10%
    - CIDRZ
    - University of Maryland
    - Western Health Provincial Health Office
    - Lusaka Provincial Health Office
    - FHI360
    - Eastern Provincial Health Office
    - Southern Provincial Health Office
    - TBD partner

APPENDIX 4: COP 2019 DIRECTIVES

Table 7. COP 2019 (FY 2020) Targets

Based on current progress towards epidemic control and funding level, the following FY 2020 treatment targets are recommended for Zambia:

Indicator	Pediatric (<15) Treatment Target	Adult Women (15+) Treatment Target	Adult Men (15+) Treatment Target	Treatment Target Total[a]
	COP 18 (FY 19 Targets)			
TX_NEW (New on Treatment)	14,451	87,608	90,830	192,889
TX_CURR (Current on Treatment)	68,455	597,408	438,042	1,103,905
TB_PREV	N/A	N/A	N/A	123,539
VMMC_CIRC	N/A	N/A	N/A	338,874
	COP 19 (FY 20 Targets)			
TX_NEW (New on Treatment)	3,416	44,883	20,705	69,004
TX_CURR (Current on Treatment)	68,325	612,420	414,105	1,094,850
TB_PREV	N/A	N/A	N/A	315,133
VMMC_CIRC	N/A	N/A	N/A	400,000
	National Treatment Coverage			
Treatment Coverage	90%	90%	90%	90%

[a]Targets should be further allocated by age and sex based on disaggregated PLHIV estimates and unmet need for ART.

These targets were developed based on the following assumptions:

- TX_NEW: Targets for TX_NEW assume that 95% of TX_CURR patients are retained from year to year, and that 90% of the TX_NEW target will be retained and thus contribute to the required TX_NET_NEW to achieve the TX_CURR target.
- TX_CURR: TX_CURR targets were generated to move Zambia to 95-95-95 at the country-level based on preliminary UNAIDS 2018 PLHIV and ART coverage estimates. In order to achieve this target, the team needs accurate reporting and minimization of loss and mortality.
- TB_PREV: Targets for TB_PREV were calculated using (among other considerations) estimated number of patients expected to be on ART at the start of COP 2019 who would screen negative for TB symptoms, the proportion likely to be ineligible for clinical reasons, the estimated number who would have already received TPT by the start of COP 2019 and projected enrollment and completion rates.
- VMMC_CIRC: Targets for VMMC were developed based on current coverage, past performance, and available funding for prevention activities.

Although Zambia has achieved significant progress and is on the path to epidemic control, the COP 2019 strategy must direct PEPFAR's investment toward the remaining gaps. We recommend the team increase efforts to scale up testing in high yield modalities such as Index Testing and decrease testing in lower yield modalities such as "Other PICT". The team should continue improvements already experienced in linkage to increase the rate to at least 90%. In addition, though PEPFAR Zambia made a marked increase in viral load testing coverage compared to last year (42% vs. 25%), the team needs to build on successes to increase testing coverage to at least 90% of all pediatric and adult patients currently on treatment.

COP 2019 Minimum Requirements

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements no later than the beginning of COP19 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs. Failure to meet any of these requirements by FY 2020 will result in reductions to Zambia's budget.

Table 8. Minimum Requirements

Minimum Requirement	Zambia Specific Guidance (if applicable in COP18 or COP19)
1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups.	Zambia adopted Test and Start in 2016 and the team is expected to continue implementing this policy as standard practice through COP19.
2. Adoption and implementation of differentiated service delivery models, including six month multi-month scripting (MMS) and delivery models to improve identification and ARV coverage of men and adolescents.	DSD models have been rolled out for all patients, but COP19 should prioritize implementation with fidelity.
3. Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of Nevirapine based regimens.	Continue to keep TLD transition on track. Based on the team provided timeline, we, expect that by the end of FY 2019, 39% of patients are expected to have remained on TLE while 61% would have transitioned to TLD. Transition will be monitored at each POART throughout FY 2019.
4. Scale up of Index testing and self-testing, and enhanced pediatric and adolescent case	We expect the team to continue to refine testing to ensure efficiency to improve yields

finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established.	through effective case-finding approaches and reduce unnecessary testing and retesting.
5. TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package.	While guidelines were revised and broadened to include other populations other than PLHIV the team is reminded of the TPT goals to be achieved by the program in COP19.
6. Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	COP19 IP work plans need to reflect fidelity to this minimum requirement.
7. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and related services, such as ANC and TB services, affecting access to HIV testing and treatment and prevention.	While it is our understanding that user fees are prohibited, we would want to learn if fees related to non-HIV services impact retention in care of PLHIV clients in Zambia.
8. Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups.	The team needs to improve on persistently low 2 monthly EID testing coverage to >80% Need significant increase in VL testing and suppression across age bands. Pediatric retention on treatment, and VL suppression continues to be a key challenge.
9. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	PEPFAR teams in general should work within active public health surveillance systems to collect data on subpopulation morbidity and mortality indicators.
10. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management.	DREAMS and OVC resources to achieve this objective will be important, and specific plans to place VACs and other GBV data in front of political leadership should be considered.
11. Evidence of resource commitments by host governments with year after year increases.	The team should include this in the plans for COP19.
12. Clear evidence of agency progress toward local, indigenous partner prime funding.	COP19 provides some unique opportunities to strategize on smart approaches to link important interventions with local, indigenous partner prime funding. Government access, oversight and analysis of use of the data generated from the smartcare platform, OVC and DREAMS programs, and commodities

	consumption and other data are amongst the key areas we want government to be able to oversee, monitor and analyze.
13. Scale up of unique identifier for patients across all sites.	The team must continually test whether E-first and smartcare is delivering for clients and delivering quality care.

Table 9. Other Requirements

In addition to meeting the minimum requirements outlined above, it is expected that Zambia will ensure appropriate progress towards viral load management and improved use of efficient testing strategies.

Requirement	Zambia Specific Guidance (if applicable in COP18 or COP19)
1. Viral load management: Country policy updated and population specific directives.	Scale up viral load testing and timely return of results from the lab to sites and improve on persistently low 2 monthly EID coverage to >80% by creating viral load testing demand and strengthening the sample collection and transportation logistics. To address low viral load suppression in children and adolescents, optimize pediatric ART regimens: RAL-based regimen for neonates, and LPV/r-based regimens for children not eligible for DTG
2. Screen better and test smarter: Stop over-testing.	Stop unnecessary tests such as on those who already have a confirmed HIV test, those on ART and repeating HIV tests at 3 months and for HIV negative patients.

COP 2019 Technical Priorities

Tuberculosis

PEPFAR OUs are expected to offer Tuberculosis Preventive Treatment (TPT) as a routine part of HIV care, which means that all care and treatment partners are expected to offer TPT and report on it. Programs are expected to fully scale TPT over the next two years, such that all PLHIV who are on treatment and are eligible for TPT have received a course by the end of COP 2020. Therefore, the TB_PREV targets included in this letter were set as described above under the target table. For COP 2019, the number of patients that are expected to complete a course of TPT in Zambia is 315,133, approximately half the total number of eligible PLHIV, per the mandate from S/GAC to fully scale TPT over the next two years. COP 2020 TB_PREV targets will cover the remaining 50% of the eligible PLHIV on ART, adjusted upward for those that will be newly enrolled in ART during the COP 2019 implementation period.

DREAMS

Zambia is allocated $13,124,208 funding for DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) programming in COP 2019, of which, $5,259,745 of your COP 19 HVAB budget code needs to be part of your DREAMS programming. This funding is allocated within your COP 2019 planning level and must be used exclusively for the goal of HIV Prevention among adolescent girls and young women (AGYW) in DREAMS SNUs in accordance with all DREAMS and COP 2019 Guidance. All new funding allocated to AGYW prevention programming, including DREAMS, must be allocated to the AGYW Prevention cross-cutting budget code.

- Ensure better targeting and reach of out of school girls, girls having transactional sex, and sex workers to capture the most vulnerable girls at DREAMS sites.
- Given issues with district level saturation and coverage, reference the SITT DREAMS saturation and completion document to assess your existing coverage and determine who is being missed in DREAMS implementation. Use this assessment to develop a strategy and timeline for addressing this gap and present during RPM.

VMMC

Zambia is allocated $20,947,457 funding for VMMC. As with COP 2018, your total COP 2019 allocation to the CIRC budget code is included in your COP funding determined in this letter. VMMC funding must be used exclusively to support the implementation of VMMC programs in males 10 years and older as pursuant with the CIRC budget code guidance, including the minimum package of clinical and prevention services which must be included at every VMMC delivery point, circumcisions supplies and commodities, communication and demand creation, training, and case finding and linkages for high-risk men.

Zambia's total VMMC target for COP 2019 is 400,000 and a minimum of 268,000 circumcisions should be done in men over age 14.

	COP19					
	Target	Total $	VMMC coverage 15-24	VMMC coverage 15-49	Minimum % 15+	Minimum VMMC in 15+
Zambia	400,000	$20,947,457	25	22	67	268,000

Cervical Cancer Screening and Treatment:

Alongside COP 2018, Zambia was allocated a total of $3,500,000 in two-year Central Funds for Cervical Cancer Screening and Treatment programming. These Central Funds were provided in order to reduce morbidity and mortality of women on ART in Zambia by increasing the screening of HIV positive women for cervical cancer and the treatment for pre-invasive cervical lesions. The COP 2019 target for screening HIV positive women for cervical cancer is 202,351 calculated as 50% of women 25-49 on treatment per the number of women on ART for the 25-49 year old age band in Zambia at the end of COP 2017 / FY 2018 implementation period. A

detailed description of implementation status and scale-up plans is requested within the Strategic Direction Summary for COP 2019.

Addressing Gaps in Epidemic Control, including by Enhancing Engagement with Faith Communities

You have been selected as one of the countries to receive Central support through the FBO and Community Initiative in the amount of $14.5 million, in order to accomplish these priority activities, as identified per the FBO TDY visits.

Of this total, USAID will receive $6,868,650, and CDC will receive $7,631,350. These funds are to be used to engage those who work in high burden areas (including informal settlements) with faith communities, such as local faith-based and traditional networks, local faith-based and traditional organizations, as well faith and traditional leaders. Of this total, 50% should be invested in case-finding for young adult men, adolescents, and children living with HIV; and 50% should be invested in the primary prevention of sexual violence and HIV among children ages 9-14 year olds.

The case-finding investments should include the development and/or adaptation and dissemination of new messaging about HIV testing, linkage, and retention (e.g., Test & Start, U=U); building capacity among local faith leaders and faith organizations to create demand for and use of HIV self-tests, along with procurement and targeted distribution of HIV self-tests, engaging champions in faith communities to strengthen linkage and adherence support; and programming on basic HIV education and stigma reduction; and convening key stakeholders to facilitate sharing solutions..

The investments in primary prevention of sexual violence and HIV should include raising awareness among faith and traditional leadership about sexual violence and HIV risk faced by 9-14 year olds; using national-to-local infrastructures to train faith leaders in targeted implementation of evidence-based approaches within faith community infrastructures, including youth, parenting, and men's religious programing, with a focus on community mobilization, changing norms and parenting/caregiver programs (these programs include Families Matter, Parenting for Lifelong Health, Real Fathers, Coaching Boys Into Men, and SASA! Faith); and engaging in child safeguarding policy development and implementation through faith and traditional community structures, assuring inclusion of the contextualized process for accessing health, legal, and social protection referrals.

Some Faith and Community partners support both HIV case-finding/linkage/retention and prevention of sexual violence and HIV risk among ages 9-14 years; in these cases, it may be possible to engage in comprehensive prevention and care by supporting both key FBO priorities.

Any further instructions or questions can be addressed by Chair and PPM.

COP 2019 Stakeholder Engagement

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of COP 2019 remains a requirement for all PEPFAR programs, and as such the COP 2019 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2018 Q4 and FY 2018 APR results and analyses and the convening of an in-country planning retreat with local stakeholders no later than the week of January 28, 2019 in order to introduce and discuss all COP 2019 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 2019. In February, initial COP tools will be submitted to S/GAC for review and feedback. S/GAC will provide feedback prior to the in-person meetings in March and April, and teams should reflect the feedback with their revised submissions. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team.

In March and April 2019, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Washington, DC where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Engagement with all stakeholders is required beyond the meetings and throughout the COP 2019 development and finalization process. As in COP 2018, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP 2019 Guidance for a full list of requirements and engagement timelines (Section 2.5.3).