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INFORMATION MEMO FOR AMBASSADOR NICHOLS, ZIMBABWE

FROM: S/GAC Chair, Lauren Marks and PPM, Jennifer Cole

THROUGH: Ambassador Deborah L. Birx, MD

SUBJECT: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

Dear Ambassador Nichols,

I sincerely hope that this note finds you and your team well, safe, and healthy. We are grateful for your leadership protecting staff through this difficult time.

This year has brought unprecedented challenges with the COVID-19 pandemic impacting the entire global community. Despite obstacles faced, what has remained unwavering is the tireless commitment and incredible resiliency of our PEPFAR program, partners, and team across the over 50 countries in which we work. This includes rapid program adaptations, emerging innovations, and client-centered solutions to ensure continuity of HIV services. As the threat of COVID-19 has impacted PEPFAR countries, PEPFAR country teams and programs have proven to be focused and resilient in the face of dual pandemics of HIV and COVID-19.

PEPFAR implementation over the past year has shown tremendous effort to maintain clients on treatment, initiating and accelerating client centered service delivery adaptations, while doing what was possible in HIV prevention programs deeply affected by COVID-19 shutdowns. The following themes have emerged across all of PEPFAR-supported countries; As the economic impact of COVID continues to be seen at both national and community levels, it is more important than ever to use granular data and expand what is working in specific SNUs for viral load coverage and suppression. We saw differential progress in this area independent of the impact of COVID-19. Focus groups and deep analytics of client returning to care to ensure we are addressing the critical persistent and new structural barriers. Focus on areas of recent treatment interruption to understand how COVID may have created or exacerbated barriers to access and treatment continuity. Across all countries we see persistent gaps in pediatric diagnosis, treatment and viral suppression. Particular attention should be paid to the pediatric cascade and identifying challenges by district and country for clear and actionable plans. In addition, leverage OVC, DREAMS and other resources for clear accountability to work with mothers and improve early infant diagnosis by two months of age and strengthen resiliency among at-risk women and girls. Community-led monitoring must raise visibility and appropriate response to the needs of populations already vulnerable before COVID. The assessment of needs, and strategies to reinforce OVC caregivers and HIV-affected families in crisis should contribute to budget and activity planning for care and treatment, DREAMS, OVC and wraparound resources. Furthermore, analyzing expenditures at mechanism and program areas level, along with the work teams have done, to build relationships and co-planning with your partner government, the Global Fund, UN organizations and other donors. These relationships and planning efforts are critical to supply chain stability for key commodities as well as understanding COVID relief and other potential funding available in country to ensure most effective and efficient use of PEPFAR's contributions to the national HIV response in COP21.

We understand that specific programs will have carryover and others may not and these funds will be critical to ensure stabilization and expansion of critical prevention programming.

The COVID pandemic also laid bare the depth and breadth of inequities still across the globe and clear evidence that when constrained, Ministries of Health and governments make choices that differentially impact specific programming areas and specific populations. The pandemic revealed vulnerabilities in our non-public sector community efforts that we knew were present, and are now fully exposed, as these specific activities were the first to be dropped. Communities of women and children, and key populations including men who have sex with men, transgender individuals, sex workers, people who inject drugs, and people in prisons and other closed settings are not being adequately and sustainably supported by public-sector mechanisms. We have lost ground in all of our prevention services for all populations and for our most vulnerable and marginalized populations and must make every effort to recover.

Despite the disruptions caused by the COVID-19 pandemic, a number of countries have shown a level of resiliency were achieving epidemic control of HIV, and others are on the brink of epidemic control. With continued implementation, most PEPFAR countries are on a path to achieving program coverage goals. With that in mind, PEPFAR programs should focus on four key themes as we approach Country Operational Plan 2021 planning and implementation: advancing client-centered services; engaging with communities; implementing resilient and adaptive approaches; and supporting capacities for sustainable epidemic control.

We commend you and your team for your attention to the adoption and implementation of the public health policies that have the greatest impact on HIV, particularly as these very policies are critical to ensuring sustained HIV services during COVID-19. Also, we appreciate your role in supporting PEPFAR teams through this challenging period, and continuing to hold implementing partners accountable for their performance.

We are grateful to your incredible PEPFAR team in country, working together across agencies to ensure the most effective and efficient use of U.S. taxpayer dollars. We know there are strengths and weaknesses across the board and across the implementing agencies; and we look forward to working together to support those strengths and address those challenges.

We are very excited about your progress:

- The PHIA results showed that Zimbabwe has now met the second and third 90-90-90 targets and has achieved the overall target for 2020 by exceeding 73% of Viral Load Suppression among all adults living with HIV.
- Despite healthcare worker strikes, clinic closings, and COVID, 1,162,994 patients were maintained on treatment through resilient and adaptive community outreach and successful scale up of MMD. Successful DQAs and the addition of central support sites allowed for cleaner, more comprehensive data; this data showed that patient losses were less than in FY19, reflecting the impact of interventions which maintain continuity of care.
- Zimbabwe exceeded targets for both PrEP_NEW and PrEP_CURR; these prevention efforts will continue to be important, especially for Key Populations and adolescent girls.

Together with the Government of Zimbabwe and civil society leadership we have made tremendous progress together. Zimbabwe should be proud of the progress made over the past 18 years of PEPFAR implementation and we are deeply grateful for the ongoing deep coordination with the Global Fund and UNAIDS.

As you will see in COP guidance this year, there are no substantial changes in program direction. While assessing possible deficits in programming arising from COVID-19 our fundamental challenges continue and we again highlight 5 overarching issues we see across PEPFAR.

1. Continued new HIV infections in adolescents and young women
2. Supporting key populations with prevention and treatment services
3. Ensuring men are diagnosed and treated early (testing positive and new on treatment (linkage surrogate))
4. Ensuring 15-35-year-old asymptomatic clients are maintained on treatment and virally suppressed [net new on treatment and treatment current growth, (retention surrogate)]
5. Ensuing all children are diagnosed and are on the best treatment regimens and virally suppressed

Moreover, we note the following specific key challenges in PEPFAR Zimbabwe:

- **Viral Load Coverage:** Viral Load Coverage is well below target across all population groups and geographies. Zimbabwe needs to address the lab systems issues. It is also critical that Global Fund delivers on their commitment to procure lab commodities and fund sample transport. Viral Load and Treatment Literacy should be maximized to improve demand.
- **Prevention**: ZIMPHIA's estimate of annual HIV incidence among adults aged 15-49 years has remained unchanged since the previous survey. VMMC results were well below target (43% achievement), and must be strategically re-aligned to the new age guidelines. Overall prevention efforts should be maintained or scaled for at-risk populations. DREAMS funding should be maintained at $40,277,472, and PrEP targets should be increased.
- **Capacities for Epidemic Control**: Delays in roll out of Electronic Health Records (EHR) and recency testing present an ongoing challenge. Zimbabwe must continue to expand HIV case surveillance and recency testing nationally and use data generated to inform a public health response, including outbreak investigations, and identification of specific geographic regions or subpopulations that may suggest ongoing transmission. Community-Led Monitoring should also be used to track quality of service.
- **Case Finding**: The number of patients found through index testing is well below target (24%, against 47% target). In order to improve case finding, especially for men and children/youth, Zimbabwe needs to tighten up testing to make it more targeted and focus more intently on finding patients through index testing.

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying COP/ROP 21 PEPFAR Planned Allocation and Strategic Direction Summary Consistent with the approach from last year, PEPFAR teams will once again be responsible for setting their targets in consultation with stakeholders. Teams should bear in mind that PEPFAR targets are not PEPFAR's but flow directly from the partner country government's commitment to the UNAIDS and SDG 3 goals. Since 2016, PEPFAR and the Global Fund resources have been focused on achieving these global goals that have been translated to each country by UNAIDS and subsequently supported financially and technically by the PEPFAR family. Since 2016, PEPFAR has utilized these global commitment targets as PEPFAR targets with the commensurate increased funding to countries to achieve the goals set out by the Heads of State. Many countries have made tremendous progress towards these targets and others need to accelerate. Zimbabwe's recent PHIA data confirms the country has now met the second and third 90-90-90 targets (though not the first 90), and has achieved the overall target for 2020 by exceeding 73% of VL Suppression among all adults living with HIV. Zimbabwe is on track to achieve 2030 goals early which means sustaining these impressive gains will need to be a constant focus.

S/GAC will not assign targets to countries, but only provide notional budget levels sufficient to achieve the full SDG goal and sustain gains made. **Teams will develop their own targets across PEPFAR program areas, with the treatment current target no less than the result that was to be achieved in COP 2020.** After the PEPFAR country team submits their COP 21 targets, the notional budget will then be adjusted to the presented level of ambition.

The PEPFAR Country/Regional Operational Plan (COP/ROP 2021) notional budget for Zimbabwe is **$203,800,000** inclusive of all new funding accounts and applied pipeline. All earmarks and program direction provided below must be met. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team, in collaboration with the Government of Zimbabwe and civil society of Zimbabwe, believes is critical for the country's progress towards controlling the pandemic and maintaining control. , believes is critical for the country's progress towards controlling the pandemic and maintaining control.

We are hoping this approach to target-setting and budget will establish an open dialogue on target-setting and empower teams to work with all stakeholders to plan a strategic and impactful COP. The expectation is for country teams and agencies to propose to S/GAC the targets they believe are achievable and feasible and hold their partner's accountable to that achievement.
PEPFAR, with partner governments, multilateral partners, and communities, continues to move rapidly toward control of the HIV pandemic and plan for sustainability of programs. Achieving epidemic control for HIV will be a remarkable accomplishment, saving millions of lives, significantly lowering the burden of HIV/AIDS in countries and communities, reducing the future costs required to sustain the HIV response, and building sustainable public health systems capacity in host countries.

Please note that within the next few days our PEPFAR Chairs and PEPFAR Program Managers (PPMs), working closely with our CAST teams, will plan to review this planning letter and details contained, herein, with your wider PEPFAR country team. Where PEPFAR successfully navigated disruption due to COVID-19 during 2020, it was a result of strong teams, local partners, communities, dedicated health and community workers, leveraging longstanding capacities and platforms established by PEPFAR. Our teams, partners, and communities worked together to adapt and further innovate program implementation and models of service delivery so that the adverse impacts of a dual pandemic threat on essential HIV services were mitigated. Stakeholder engagement is essential for a productive and impactful planning process. Included in this planning letter is an outline of the expectations for engaging key stakeholders and civil society, as we continue to finalize our approach to hosting a virtual 2021 COP planning and approval process.

I am so grateful to you and your entire team for your leadership and engagement in the planning, review and implementation of the President's Emergency Plan for AIDS Relief (PEPFAR) program, along with the community and Government to enhance PEPFAR's program impact.

Sincerely,

Deborah Birx

Attachment: **Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction Summary.**

CC: **S/GAC – Lauren Marks, Chair; Jennifer Cole, PPM; Kristine Clark, PEPFAR Country Coordinator**

Overview: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly POARTs, the agency self-assessments and from Headquarters Country Accountability and Support Teams (CAST), a thorough program review of your country over time has been conducted. This includes the end of year results of the Country Operational Plan (COP) 2019 and current COP 2020 implementation as we plan for COP 2021. We have noted the following key successes and challenges:

Successes:

- **Viral Load Suppression:** PHIA data showed 90.3% VLS among adults on ART, and 77.3% VL Suppression among all people living with HIV.
- **Treatment**: Despite healthcare worker strikes, clinic closings, and COVID, 1,162,994 patients were maintained on treatment (95% of the target), through resilient and adaptive community outreach and successful scale up of MMD:
    - After removal of policy barriers, 84% of people living with HIV are now receiving 3 MMD.
    - The linkage proxy is 94.6%, which meets the target, and has continuously improved over time.
    - TLD transition steadily increased during FY 2020. In Q4, 4.9 M 30-count equivalents of TLD were dispensed, which is 3.2M more than in Q2
- **Continuity of Care**: Successful DQAs and the addition of central support sites allowed for cleaner, more comprehensive data; this data showed that patient losses were less than in FY 2019, reflecting the impact of interventions which maintain continuity of care.
    - Strong collaboration between CATS and health facilities brought 83% defaulting clients back into care.
- **PrEP:** Zimbabwe exceeded targets for both PrEP_NEW and PrEP_CURR.
- **OVC**: Successful integration of OVC and Pediatric program, and strong performance in FCI
    - Exceeded targets for OVC_SERV.
    - Improved bi-directional linkages between OVC and pediatric treatment program, as evidenced by an increase in enrollment and support for children and adolescents living with HIV.

Challenges:

- **Viral Load Coverage:** Viral Load Coverage is improving (61% at Q4), but is well below target across all population groups and geographies
    - It is especially low for pregnant women (20% lower than the general population), men, young people, and key populations
    - VL Coverage is also noticeably lower in rural southern board regions.
- **Case Finding**: The number of patients found through index testing is well below target (24%, against 47% target).
    - While the majority of testing is still in PITC, there is higher yield in community testing sites.
- **Prevention**: VMMC results were well below target (43% achievement), and must be strategically re-aligned to the new age guidelines.
    - Although compliance with the age eligibility was achieved in Q3 and Q4, the number of circumcisions conducted remained very small. Recruiting clients age 15+ years is likely to remain a challenge.

- DREAMS completion rates are still low (58%), though improvements are noted in enrollment and integrating services to ensure comprehensive services are provided.

- **Case-based surveillance:** Delays in roll out of Electronic Health Records (EHR) and recency testing present an ongoing challenge for tracking outbreak response and targeting programming.
- **Pediatrics**: Performance in pediatrics continues to lag across the cascade, especially in testing and viral load coverage. However, early scale up of optimal pediatric regimens is noted.
    - In FY 2020, there was poor performance across all testing modalities, especially index testing.

Given Zimbabwe's status of approaching epidemic control, the program will need to evolve. In COP 2021, Zimbabwe may no longer be accelerating the number of new patients on treatment, but should focus intently on sustaining the gains and ensuring strong integration across program areas.

The following *priority* strategic and integrated changes are recommended (Please also see an expanded list of Technical Directives in Table 10):

COP 2021: Strategic Recommendations (Summary)	
	**VIRAL LOAD: Address VL challenges to improve VL Coverage** o Address Laboratory Systems Issues o Improve coordination with Global Fund to rationalize procurement of lab commodities and sample transport. o Viral Load and Treatment Literacy should be maximized to improve demand
	**PREVENTION: Maintain or scale prevention measures for at-risk populations, as PHIA showed no reductions in incidence** o Increase targets for PrEP o Intensify VMMC to close gaps in coverage o Maintain DREAMS funding levels ($40,277,472)
	**TREATMENT AND CONTINUITY OF CARE: Sustain gains with focus on client-centered care, especially for Men and Children/Youth** o Continued focus on treatment continuity, client-centered care, and quality of care; bring services closer to the community o Continue to strengthen collaboration between the OVC and clinical partners o Continued focus on keeping PLHIV healthier, including TB and Cervical Cancer Services
	**TESTING: Improve Case Finding for Men and Children/Youth** o Tighten case finding strategies to make testing more targeted o Focus more intently on finding patients through index testing
	**CAPACITIES FOR SUSTAINABLE EPIDEMIC CONTROL: Ensure strong systems are in place for tracking outbreak response and targeting programming** o Case-Based Surveillance: Expand Electronic Health Records to remaining sites and incorporate recency testing o Scale up Community-Led Monitoring to ensure quality of services

SECTION 1: COP/ROP 2021 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2020 (EOFY) tool, and performance data, the total COP/ROP 2021 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency. Due to increased costs in FY 2020, including those due to COVID, and correspondingly lower applied pipeline going into COP21, COP envelopes have been decreased in some OUs so that S/GAC has funds reserved to address program gaps identified by PHIAs that have yet to be completed and to address other potential future requirements as the impacts of COVID on the program are better known. These funds will be allocated to OUs at a later date as appropriate.

TABLE 1: All COP 2021 Funding by Appropriation Year

	Bilateral				Central				Total
	FY21	FY20	FY19	Unspecified	FY21	FY20	FY19	Unspecified	TOTAL
Total New Funding	**$ 199,723,144**	**$ -**	**$ -**	**$ -**	**$ 3,800,000**	**$ -**	**$ -**	**$ -**	**$ 203,523,144**
GHP-State	$ 198,473,144	$ -	$ -		$ -	$ -	$ -		$ 198,473,144
GHP-USAID	$ -				$ 3,800,000				$ 3,800,000
GAP	$ 1,250,000				$ -				$ 1,250,000
Total Applied Pipeline	**$ -**	**$ -**	**$ -**	**$ 276,856**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 276,856**
DOD				$ -				$ -	$ -
HHS/CDC				$ -				$ -	$ -
HHS/HRSA				$ -				$ -	$ -
PC				$ -				$ -	$ -
USAID				$ -				$ -	$ -
USAID/WCF				$ -				$ -	$ -
State				$ -				$ -	$ -
State/AF				$ 276,856				$ -	$ 276,856
State/EAP				$ -				$ -	$ -
State/EUR				$ -				$ -	$ -
State/PRM				$ -				$ -	$ -
State/SCA				$ -				$ -	$ -
State/SGAC				$ -				$ -	$ -
State/WHA				$ -				$ -	$ -
TOTAL FUNDING	**$ 199,723,144**	**$ -**	**$ -**	**$ 276,856**	**$ 3,800,000**	**$ -**	**$ -**	**$ -**	**$ 203,800,000**

SECTION 2: COP 2021 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of $100,000,000 and the full Orphans and Vulnerable Children (OVC) level of $46,000,000 of the PLL across all funding sources. These earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

TABLE 2: COP 2021 Earmarks by Appropriation Year*

	Appropriation Year			
	FY21	FY20	FY19	TOTAL
C&T	$ 100,000,000	$ -	$ -	$ 100,000,000
OVC	$ 46,000,000	$ -	$ -	$ 46,000,000
GBV	$ 3,000,000	$ -	$ -	$ 3,000,000
Water	$ 125,000	$ -	$ -	$ 125,000

**Only GHP-State and GHP-USAID will count towards the earmarks (Care and Treatment, OVC, GBV, and Water).*

TABLE 3: COP 2021 Initiative Controls

	Bilateral	Central	TOTAL
Total Funding	$ 200,000,000	$ 3,800,000	$ 203,800,000
Core Program	$ 134,222,528	$ -	$ 134,222,528
Acceleration	$ -	$ -	$ -
Ambition	$ -	$ -	$ -
Cervical Cancer	$ 4,500,000	$ -	$ 4,500,000
Community-Led Monitoring	$ -	$ -	$ -
Condoms (GHP-USAID Central Funding)	$ -	$ 3,800,000	$ 3,800,000
COP20 Performance	$ -	$ -	$ -
DREAMS	$ 40,277,472	$ -	$ 40,277,472
FBO Surge	$ -	$ -	$ -
HBCU Tx	$ -	$ -	$ -
Malawi Education	$ -	$ -	$ -
One-time Conditional Funding	$ -	$ -	$ -
Surveillance and Public Health Response	$ -	$ -	$ -
VMMC	$ 21,000,000	$ -	$ 21,000,000

See Appendix 1 for detailed budgetary requirements and other budgetary considerations.

TABLE 4: State ICASS Funding

	Appropriation Year			
	FY21	FY20	FY19	Unspecified
ICASS	$ -	$ -	$ -	

SECTION 3: PAST PERFORMANCE – COP/ROP 2019 Review

Table 5. COP/ROP Zimbabwe Level FY 2020 Program Results (COP 2019) against FY 2021 Targets (COP 2020)

Indicator	FY 2020 result (COP 2019)	FY 2021 target (COP 2020)
TX Current <15	55,499	76,931
TX Current >15	1,107,043	1,203,230
VMMC >15	78,682	249,026
DREAMS (AGYW PREV)	178,747	
Cervical Cancer Screening	145,723	218,412
TB Preventive Therapy	120,939	906,099

Table 6. COP/ROP 2019 | FY 2020 Agency-level Outlays versus Approved Budget

Agency	Sum of Approved COP/ROP 2019 Planning Level	Sum of Total FY 2020 Outlays	Sum of Over/Under Outlays
HHS/CDC	46,814,012	41,439,450	5,374,562
State	202,000	132,951	69,049
USAID	115,931,738	106,354,387	9,577,351
Total	**162,947,750**	**147,926,788**	**15,020,962**

Table 7. COP/ROP 2019 | FY 2020 Implementing Partner-level Significant Over Outlays versus Approved Budget

The following IMs outlayed at least 110 percent in excess of their COP/ROP 2019 approved level.

Mechanism ID	Partner Name	Funding Agency	Total Planning Level	Total Outlays	Outlay Delta Check
17475	Association of Public Health Laboratories, Inc. (THE)	HHS/CDC	$200,000	$503,814	($303,814)
16806	ZIMBABWE ASSOCIATION OF CHURCH RELATED HOSPITAL	HHS/CDC	$150,000	$195,225	($45,225)

Table 8. COP/ROP 2019 | FY 2020 Results & Expenditures

Agency	Indicator	FY20 Target	FY20 Result	% Achievement	Program Classification	FY20 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	751,596	**718,296**	96%	HTS Program Area	$3,029,206	91%
	HTS_TST_POS	71,746	**35,497**	49%			
	TX_NEW	70,583	**34,324**	49%	C&T Program Area	$15,242,585	49%
	TX_CURR	573,949	**561,457**	98%			
	VMMC_CIRC	128,997	**61,932**	48%	VMMC Sub-Program Area	$6,749,577	75%
USAID	HTS_TST	788,676	**721,491**	91%	HTS Program Area	$4,736,254	77%
	HTS_TST_POS	70,745	**45,688**	65%			
	TX_NEW	70,715	**42,160**	60%	C&T Program Area	$41,798,995	83%
	TX_CURR	647,134	**601,537**	93%			
	VMMC_CIRC	171,003	**65,987**	39%	VMMC Sub-Program Area	$12,604,004	100%
	OVC_SERV	357,471	**445,675**	125%	OVC Beneficiary	$13,592,958	96%
					Above Site Programs	$7,938,925	
					Program Management	$21,520,187	

COP/ROP 2019 | FY 2020 Analysis of Performance: Zimbabwe-specific successes and challenges during COP 2019 and 2020 implementation

COP 2019/FY 2020: Analysis of Performance – Zimbabwe	
TREAMENT, VIRAL LOAD, AND TESTING	
Treatment Coverage	• PHIA results showed that of 97% of adults diagnosed with HIV are on ART.
Current on Treatment	• With a TX_CURR of 1,162,994, Zimbabwe has achieved 95% of target; however, there are still some gaps with adolescents, and adult men. • Between FY 2018 Q4 and FY 2020 Q3, the percentage of adult males (15+ years) on treatment increased by only 2%.
New on Treatment	• TX_NEW has grown in Q3 and Q4 by 13,128 and 16,460 respectively despite closed clinics and services due to strikes and COVID. This represents ~50-60% of prior quarters' performance in FY 2020 and FY 2019. • The linkage proxy is 94.6%, which meets the target and has improved over time.
Return to Care/LTFU	• Zimbabwe has shown a marked reduction in patient losses, indicating that strategies for returning to care are working. • However, Zimbabwe has a high rate of early interruptions in treatment - 23% of LTFU have been on ART for less than 3 months.
Viral Load (VL)	• Although VL Coverage is improving (61% in Q4), it remains low, especially given the success of Zimbabwe's treatment coverage. • VL Coverage is particularly low for pregnant women and breastfeeding women, infants under 2 months, and key populations. • Notably, VL Coverage has improved for children 10-14 due to targeted interventions by clinical partners. • VL Suppression rates are impressively high; the PHIA results showed 90.3% VLS among adults on ART, and 77.3% VLS among all people living with HIV.
ART Optimization	• TLD transition steadily increased during FY 2020. In Q4, 4.9 M 30-count equivalents of TLD were dispensed, which is 3.2M more than in Q2. 84% of PLHIV receiving 3 MMD. • Notably, the policy requirement for documented VL Suppression was removed.
Testing/Case Finding	• While the volume of testing decreased in Q3 and Q4, there was an increase in yield. • There are still not enough patients found through index testing (24%, against 47% target). • Most of testing is in PITC, though there is higher yield in community testing. • An increased use of HIVST, both for index testing and to find hard to reach populations, has increased efficiency, especially given COVID-19.
Pediatrics	• Index testing, especially community-based index testing, has been shown to be the most efficient and high yield modality for pediatric case finding.

	• 92% of children are on the current optimal first line regimens, and 71% of children are on 3+ MMD as of FY20Q4. • Overall, proxy pediatric retention appears high, with the majority of losses due to sites dropped and transfer outs. The proportion of TX_ML attributable to interruption in care (LTFU) has been decreasing throughout FY 2020.
Key Populations (Treatment)	• In FY 2020, the KP program met or exceeded targets for TX_NEW (116%) and HTS_TST_POS (97%) and 21% testing yield, even with impacts of COVID-19 and halt on KP index testing services. The testing yield of 21% for KPs is significantly higher than the overall yield of 5.6%. • The program was successful due to implementation of differentiated testing approaches including index testing, social network testing, self testing scale up, targeted community outreach testing, community ART delivery, and comprehensive case management and support.
FCI	• FCI partners, most of whom are local partners, successfully disseminated Message of Hope and increase HIV Self-Testing among men and adolescents. Notably, the Circle of Hope Community Post model was successfully replicated.
PREVENTION	
DREAMS	• 58% of AGYW completed at least the primary package. • 79% of AGYW aged 20-24 years completed the primary package after 13+ months of participating in the program. • The Zimbabwe program exceeded their PrEP_CURR and PrEP_NEW targets for AGYW aged 15-24 years in all DREAMS districts and PrEP initiations among this priority population doubled from FY 2019 (2,055) to FY 2020 (4,061).
VMMC	• The VMMC program fell short of targets (43% achievement), after a necessary slowing of services in Q3 and Q4 due to COVID-19. • The program achieved full compliance with PEPFAR age guidance with no circumcisions performed in clients under age 15 during FY 2020 Q4, though the number of patients seen was greatly reduced
Key Populations (Prevention)	• PrEP scale up for Key Populations has been impressive: PREP_NEW and PREP_CURR targets were exceeded in FY 2020. Notably, PrEP uptake by Female Sex Workers is especially high. PrEP for MSM slowed down during COVID, but should be increased.
OVC	• Exceeded targets for OVC_SERV • Improved bi-directional linkages between OVC and pediatric treatment program, especially in OVC districts, as evidenced by an increase in enrollment of children and adolescents living with HIV from 46% in FY 2019 to 66% in FY 2020.
THE 4th 90 – REDUCING MORTALITY: TUBERCULOSIS AND CERVICAL CANCER	
TB	• The number of ART patients screened for TB increased in FY 2020 Q4 compared to FY 2020 Q2.

	• The number and proportion of TPT completions scaled up considerably, but it is significantly below target (24%). • The low rates of documented TB screening, and low rates of PLHIV screening positive for symptoms indicate that active cases are likely being missed.
Cervical Cancer	• Challenges continue to be seen in achieving both screening and treatment targets (60% of screening target met). • LEEP services are still inadequate, and centralized.
ABOVE SITE	
	• Data from the Sustainability Index Dashboard and Resource Mobilization tracker demonstrated the substantial progress made in human resources for health and domestic financing. The COVID-19 pandemic and economic downturn, however, have resulted in the reduction of funds to retain the health workforce and HIV services. The city of Harare has successfully avoided the interruption of services.

Implementing Partner and Financial Performance - Zimbabwe	
Comprehensive Overview	
○ Test positive (HTS_POS) and new on treatment (TX_NEW) are the "gateway" metrics for clinical partner performance, so those indicators provide a proxy view of the quality of services the partner offers. The specific health facility plays a critical role in the outcomes, district by district. ○ The impact of COVID-19 contributed to a decrease in program performance and lower than normal budget execution in COP 2019/FY 2020. ○ Nearly all partners were close to meeting targets on TX_CURR (95% achievement), while the majority of partners failed to meet TX_NEW (54% achievement).	
Notable Implementing Partner Observations	
ZACH	**Zimbabwe Association of Church Related Hospitals (ZACH):** ○ Excelled in HTS_TST (133%), significantly underspent by 30% ($2.1M) and underachieved in the areas of: TX_NEW (43%), HTS_INDEX (23%), HTS_POS (45%) and PREP_NEW (37%).
OPHID	**Organization for Public Health Interventions and Development (OPHID):** ○ Excelled in HTS_TST (125%), overspent by 5% ($464K) and still underachieved in TX_NEW (58%), HTS_INDEX (29%), and HTS_TST_POS (62%). ○ This is the first year of implementation for this partner, PEPFAR country team should consider inquiring about IP's plans to improve performance.
hospaz	**Hospice and Palliative Care Association of Zimbabwe (HOSPAZ):** ○ Overspent by 22% ($500K). HOSPAZ has consecutively met and overachieved in their OVC_SERV target for the past 3 years.

	○ PEPFAR country team should consider reassess if more resources are needed towards this mechanism in order to prevent overspending in the future.
	**FHI360:** ○ Underachieved in FY20 for HTS_TST (25%) and has seen varying performance over a 3-year span starting in FY2018 with HTS_TST (35%) and repeating in FY2020. ○ PEPFAR country team should consider reviewing the IM's testing strategy.
	**ZAZIC**: ○ Underachieved their VMMC_CIRC targets in FY 2018 (67%) and 2020 (49%). Additionally, overspending has taken place in the past 2 years: FY 2018 ($7.2M) and FY 2019 ($2.2M). Targets were not met in FY 2019 for HTS_POS (69%) and HTS_TST (49%) in FY 2020.
	**AFRICAID**: ○ Through the support of the Community Adolescent Treatment Supporters (CATS), the Zvandiri program managed to achieve retention rates of 99-100% in 13 out of 15 districts (and the latter two had rates of 97 and 98%). The program should learn from and build on the successful peer support models, such as Zvandiri to define packages of support for retention at facility and community including expanding virtual approaches and standardizing cross-border models.

SECTION 4: COP/ROP 2021 DIRECTIVES

The following section has specific directives for COP 2021 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

Minimum Program Requirements (MPR)
All PEPFAR programs – bilateral and regional– were expected to have the following minimum program requirements in place by the beginning of COP 2020 implementation (FY 2021). Adherence to these policies and practices is essential to the success of all PEPFAR programs at the national, subnational, and service delivery levels (e.g. facility, school, community). 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.

All PEPFAR programs are expected to meet all of the requirements below, and the COP 2021 Planning Meeting will include a review of the status of each requirement, including assessment of implementation (including barriers) at the point of client services. To the extent that any requirement(s) have not been met by the time of the COP 2021 Planning Meeting, the PEPFAR Zimbabwe team will need to present a detailed description of existing barriers and the remediation plans proposed that will allow them to meet the requirement(s) prior to the beginning of FY2021. The list will be included in the Strategic Direction Summary (SDS) as well.

Failure to meet any of these requirements by the beginning of FY2022 may affect the OU budget. The minimum requirements for continued PEPFAR support include the table on the following page.

Table 9. COP/ROP 2021 (FY 2022) Minimum Program Requirements

Minimum Program Requirement	Status and issues hindering Implementation
Care and Treatment	
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Attained
2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are ≥4 weeks of age and weigh ≥3 kg, and removal of all NVP- and EFV-based ART regimens.	Will be met by September 2021
3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.	Attained
4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by the end of COP 2021, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	TPT initiation is being scaled up. In FY 2020, 120,939 clients completed TPT, compared to 39,521 in FY 2019.
5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	Delays in implementing the Integrated Sample Transport system; further coordination with Global Fund needed. The transition to high throughput instruments has been hampered by COVID-related supply chain challenges; more manufacturers will be approached to build the required instrument capacity with minimal delays.
Testing	
1. Scale-up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent should be offered testing for HIV.	Attained
Prevention and OVC	
1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis	Attained

(PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices*)*	
2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV	Attained
Policy & Systems	
1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services affecting access to HIV testing and treatment and prevention.	User fees are on the path to elimination. In COP 2020, the city of Harare committed to eliminating user fees.
2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.	Attained
3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U=U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	A treatment and viral load literacy program to "rewrite the treatment narrative" will be implemented in FY 2021 with external funding from the Bill & Melinda Gates Foundation & Johnson & Johnson.
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	Attained
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	Will be met by September 2021
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Attained

7. Scale-up of case surveillance and unique identifiers for patients across all sites.	With the roll out of an electronic health record system, unique identifiers are being developed in consultation with the relevant government ministries.

In addition to meeting the minimum requirements outlined above, it is expected that Zimbabwe will consider all the following technical directives and priorities:

Table 10. COP/ROP 2021 (FY 2022) Technical Directives

Zimbabwe –Specific Technical Directives (Expanded) – COP 2021	
VIRAL LOAD, TREATMENT, AND TESTING	
	**VIRAL LOAD: Address VL challenges to improve VL Coverage** o Address Laboratory Systems Issues, including specimen collection, specimen transportation, lab equipment, electricity, shortage of VL reagents, return of results to clinic. o Integrate VL into community DSD models. o Coordinate with Global Fund to rationalize procurement of lab commodities and sample transport. o Viral Load and Treatment Literacy should be maximized to improve demand, especially by clinical providers.
	**TREATMENT AND CONTINUITY OF CARE: Sustain gains with focus on client-centered care, especially for Men and Children/Youth** o Continued focus on treatment continuity, client-centered care, and quality of care; bring services closer to the community such as through Community Posts, and improve support and convenience. o For men who are disengaging from care, use MenStar's client-centered approaches (https://pepfar.sharepoint.com/sites/MenStar) to ensure that services meet men where they are with what they need.
	**TESTING: Improve Case Finding for Men and Children/Youth** o Tighten up case finding strategies to make testing more targeted. o Focus more intently on finding patients through index testing.
	**PEDIATRICS: Strengthen the pediatric cascade** o Pediatric Treatment: lead the way with DTG 10 transition; halt 700 patients on NVP o Pediatrics Testing: more index testing, including community index testing and caregiver-assisted oral HIV self-testing; use CATS model to identify high risk young people. o Continue to scale family-centered differentiated service delivery models and adolescent peer support models. o Improved screening and management of advanced HIV disease is needed for both newly diagnosed children as well as children already on ART.
PREVENTION: Maintain or scale prevention measures for at-risk populations, as PHIA showed no reductions in incidence	
	**VMMC:** o Recruiting clients age 15+ years is likely to remain a challenge; modify demand creation and service delivery activities to recruit clients 15+ in compliance with the age requirements.

	**DREAMS:** ○ Improve completion rates for DREAMS. ○ Ensure all of the interventions in the layering table are fully operational in all the new DREAMS districts; prioritize economic strengthening models to bridge AGYW aged 15-24 years to wage-employment or entrepreneurship opportunities; work with clinical IPs to link to DREAMS partners for enrollment and provision of the primary package. ○ EARMARK: $40,277,472
	**PrEP:** ○ Increase targets for both Key Populations and Adolescent Girls and Young Women; PrEP distribution should include successful DSD models such as community initiation and dispensation and MMD, tailored demand creation, increased PrEP literacy, and utilization of peer navigators. ○ Consider development and implementation of policy/guidance and program development to incorporate new biomedical prevention interventions.
	**OVC:** ○ Continue to strengthen collaboration between the OVC and clinical partners ○ Leverage OVC programs to work with mothers and improve early infant diagnosis by two months of age, and strengthen resiliency among at-risk women and girls ○ EARMARK: $46,000,000
THE 4th 90 – REDUCING MORTALITY: TUBERCULOSIS AND CERVICAL CANCER	
	**TUBERCULOSIS:** ○ Continue aggressive TPT scale-up, with systematic TPT initiation of all eligible PLHIV and alternate TPT regimens (e.g. 3HP) ○ Initiate implementation of TB LAM for TB diagnostics among PLHIV
	**CERVICAL CANCER:** ○ Ensure facility and geographic-specific plans to catch up on missed screening and treatment targets for women living with HIV. ○ Conduct a LEEP blitz to recover impact on cervical cancer screening and treatment from COVID and strikes ○ EARMARK: $4,500,000
OTHER GOVERNMENT POLICY OR PROGRAMMING CHANGES NEEDED	
	**GLOBAL FUND COLLABORATION:** ○ Improve collaborations with Global Fund, especially around Viral Load reagent procurement, ARVs, integrated sample transportation for VL scale up, and EHRs
	**CAPACITIES FOR SUSTAINABLE EPIDEMIC CONTROL:** ○ Ensure strong systems are in place for tracking outbreak response and targeting programming ○ Case-Based Surveillance: Expand Electronic Health Records to remaining sites ○ Incorporate recency testing

	**COMMUNITY-LED MONITORING:** ○ Improve the quality and responsiveness of HIV/AIDS services at PEPFAR-funded sites through community-led monitoring.
	**SUPPLY CHAIN:** ○ Expand use of 4PL providers (through 3rd party logistics agents) for storage and distribution of commodities. Provide technical assistance to the MOHCC and NatPharm to improve quantification, procurement, warehousing and distribution of key commodities and equipment.

COP/ROP 2021 Technical Priorities

Client Centered Treatment Services

COP 2021 planning must ensure treatment continuity for all current and new clients. To do this, programs must specifically and thoroughly address the challenge of interrupted antiretroviral treatment, especially after initiating ARVs and through young adulthood. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous adherence to ART for an adult population that is asymptomatic— and for whom HIV treatment is easily interrupted by drug side effects, inconvenience, lack of time, poor customer service, stigma and discrimination, or life circumstances. Maintaining long-term viral suppression necessitates planning and implementing services that are free, fit the lives of the clients, and empower clients to on ART to stay the course. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-level, including client education on the benefits of lifelong treatment, optimized treatment (dolutegravir-based therapy), multi-month dispensing, convenient and safe ARV access arrangements, and community and client participation in design and evaluation of services.

Pediatric- and Adolescent-Centered Services

In COP 2021, PEPFAR programs are required to demonstrate improvement in pediatric case finding, including safe and ethical index testing, to close HIV treatment gaps across age and sex bands. Programs must move forward with the introduction and broad use of pediatric DTG formulations in FY 2021 (COP 2020), with full implementation expected to occur during the first quarters of FY 2022 (COP 2021). Programs need to further advance pediatric- and adolescent-specific continuity of treatment programming, including age-appropriate differentiated models of care and leveraging bidirectional synergies with clinical and OVC implementing partners. OUs must develop a comprehensive plan to achieve ≥ 90% viral load coverage and viral load suppression across all age and sex bands. To further reduce morbidity and mortality, clinical programs should include an evidence-based advanced HIV disease package of care for children and adolescents.

Community-led Monitoring

In COP 2021, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through the State Department Ambassador's small grants program, in close collaboration with independent, local civil society organizations and host country governments. Collaboration with community groups, civil society organizations, and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level.

Pre-Exposure Prophylaxis (PrEP)

In COP 2021, PrEP should continue to be made widely available with a focus on getting PrEP (including possible new PrEP options) to the people that need it. Groups to be prioritized for PrEP include HIV negative partners of index cases key populations including sex workers, men who have sex with men,

transgender persons, people in prisons and other closed settings, people who inject drugs, adolescent girls and young women and, pregnant and breastfeeding women, in areas with high HIV incidence or with higher risk partners, and other identified serodifferent couples. Groups should be tailored to Zimbabwe's epidemic context.

TB/HIV

TB/HIV services must be integrated, including DSD and MMD models for both TB and TB preventive treatment (TPT). All PLHIV must be routinely screened for TB and have access to molecular diagnostic testing and/or point of care tests such as LF-LAM. TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP 2021; targets have been set accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3HP) as supply allows.

Advanced HIV disease

The advanced disease package of care should be fully integrated into clinical care and includes diagnostics and therapeutics for tuberculosis and cryptoccal meningitis as well as cotrimoxazole. Countries should budget adequately for commodities including urinary LAM, CrAg, amphotericin B and flucytosine. Please see section 6.5.2 of the COP guidance.

DREAMS

DREAMS funding is allocated within your COP 2021 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 2021 Guidance. In addition to ensuring that all DREAMS beneficiaries complete the core package of relevant services, priorities for COP 2021 DREAMS implementation include systematically identifying and engaging AGYW that are most vulnerable to HIV acquisition; particularly pregnant AGYW and those who are mothers; improving the package of economic strengthening services offered to AGYW (including exploring potential job opportunities through PEPFAR); ensuring evidence-based curricula are implemented with quality and fidelity; enhancing mentoring selection, training, compensation and supportive supervision processes; and accelerating PrEP uptake for AGYW in DREAMS SNUs.

OVC

To support the Minimum Program Requirement described above, in COP 2021 clinical sites and OVC implementing partners should jointly develop formal relationships, such as a memoranda of understanding (MOU), outlining the roles and responsibilities of each member of the multi-disciplinary care team and addressing key issues such as bi-directional referral protocols, pediatric case finding, case conferencing, shared confidentiality, joint case identification, and data sharing. In high volume clinics within high burden SNUs, at least 90% of children (<age 19) in PEPFAR-supported treatment sites should be offered enrollment in OVC programs. OVC staff placed in clinics (e.g., as linkage coordinators, case managers, etc.) should have the capacity to assess child and family needs (including food and economic security) and to offer appropriate referrals. PEPFAR-supported treatment clinicians should play a key role in training OVC community case workers to build their knowledge in areas such as adherence, retention, and disclosure.

VMMC

Funds have been provided to conduct VMMC for males 15 years or older. The team is reminded of the revised guidance which allows surgical VMMC for those 15 or older. While the Shang Ring may be considered for those below age 15 with headquarters approval, it should be limited to those age 13 or above who are able to understand the procedure and provide informed consent, along with parental consent as dictated by local laws. All VMMC providers must adhere to the requirements for reporting of Notifiable Adverse Events.

Cervical Cancer Screening and Treatment

Funding is provided for cervical cancer screening and treatment of pre-invasive lesions. The target for screening must be equal to half of the TX_CURR for women age 25-49. All teams performing cervical cancer screening must adhere to the PEPFAR screening guidance and report into the cervical cancer MER indicators. Basic treatment should be available for pre-cancerous lesions at the site of screening except under exceptional circumstances. All sites performing screening should establish clear referral mechanisms for patients needing treatment not available on site such as LEEP or evaluation for potential invasive cancer. Patient referral between sites should be facilitated and outcomes of the referral tracked to assure appropriate treatment and to allow reporting of results.

Condoms and Lubricants

Condoms are key to a successful combination HIV prevention approach and are a cost-effective tool for preventing other sexually transmitted infections and unintended pregnancies. PEPFAR's goal is to ensure high levels of use, equitable access to, and sustained demand for condoms and lubricants among key and priority populations and low-income groups. In COP 2021, through the Condom Fund, GHP-USAID will provide $20.3 million in assistance to PEPFAR-supported countries to procure and deliver condoms and lubricants to address key condom supply and demand issues. This funding is in addition to funds allocated for condom programming and additional condom/lubricant procurement in each country from COP 2021 country funding as determined during the COP planning process.

Zimbabwe will have access to $3.8 million from the Condom Fund in COP 2021/FY 2022, contingent upon adequate justification of need. Coordination with other donors that provide commodities, including the Global Fund, is also critical and expected. The process for estimating total condom and lubricant need is outlined in the COP 2021 guidance. Among other items, this justification should include an outline of how Zimbabwe will support condom programming in FY 2022 with funds from the base COP 2021 funding allocation, the Condom Fund, the GF and/or other donors, and the host-country government. Please note that in FY 2022 there will also be limited funding available to cover unexpected or emergency condom and/or lubricant requests from PEPFAR-supported countries. Access to these funds will be provided on a first come, first served basis, and OUs will be required to provide a justification for why their special request is being made.

PLHIV Stigma Index 2.0

PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised PLHIV Stigma Index 2.0 utilizing the standard methodology, or complement Global Fund or other donors financing implementation of the PLHIV Stigma Index 2.0, if it has not already been implemented in Zimbabwe. If the revised PLHIV Stigma Index 2.0 has not been previously conducted in Zimbabwe, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during COP 2021, whether supported by PEPFAR or other resources. Completion of the PLHIV Stigma Index 2.0 should be accompanied by a response and action plan discussed and agreed upon by all stakeholders that will address findings. Where the PLHIV Stigma Index 2.0 has already been conducted, COP/ROP 2021 focus should be on concerted action to address findings.

Human Resources for Health (HRH) and Sustainability

Using data from the HRH Inventory completed in COP 2020 Q4, OUs are expected to complete a comprehensive HRH analysis to optimize staffing at the site- and above-site-levels. PEPFAR programs in countries that will be near to or reach 95/95/95 in the COP 2020 implementation cycle are required to develop and implement plans to sustain their progress and effectively retain clients in quality HIV treatment programs. Results from the Sustainability Index and Dashboard (SID) 2019 should inform the OUs on their progress and gaps related to the policies and technical areas for inclusion in the sustainability plans. Resource alignment data should be used to understand the HIV funding landscape--

especially with a more granular understanding of PEPFAR and GFATM investments-- who is paying for what services in order to enhance strategic collaboration and coordination and avoid duplication during the program planning cycle.

Cross-HIS Data interoperability - Use and Analysis
Improved data visibility, and analysis are essential for better understanding the HIV epidemic and reaching epidemic control.

PEPFAR Zimbabwe should 1) consistently and continuously use and analyze data at the individual patient level with aim of program improvement (e.g. use patient level data to understand retention differences across patient cohorts and create more tailored risk models and intervention) 2) utilize available data interoperability solutions to harmonize and triangulate data across EMRs, commodities, pharmacy dispensation, laboratory data, HRH and other data.

Systems Investments
PEPFAR teams are expected to align systems investments with key systems barriers to achieving epidemic control. System investments should also be aligned to achieving and maintaining minimum program requirements for COP including: adoption and use of unique identifiers; building country capacity in disease surveillance; and building other core competencies to achieve and maintain epidemic control, such as the country's ability to perform continuous quality improvement. Systems investments that have achieved their goals should be candidates for countries to assume responsibility to achieve the minimum program requirement for increased responsibility and increased government expenditures.

Faith and Community Initiative (FCI)
Building upon PEPFAR's standing principle to ensure "every dollar is optimally focused for impact", OUs with continuing FCI investments should continue implementing best practices in accordance with FCI and COP 2021 Guidance. Priorities for COP 2021 FCI implementation for addressing gaps in reaching men and children include: coordination through an Inter-Faith Steering Committee to advance treatment literacy; and decentralized, continuing care through faith-engaged community posts, faith-engaged highly targeted HIV self-testing, and/or community adolescent treatment programs for youth living with HIV.

Innovative solutions and adaptive practices
There are extraordinary examples of innovation by field teams and partners during COVID. These include adaptations and lessons learned that span across many technical and program areas. Teams should look at ways to strengthen and improve our capacity to innovate, design, and create within the communities we serve. This includes systematically looking at the evidence base and learning from these examples as well as scaling proven strategies and interventions.

COP/ROP 2021 Active Engagement with Community and Civil Society (see section 2.5.3 of COP Guidance)

The full participation of community stakeholders and civil society in every stage of PEPFAR programming, planning, and monitoring as appropriate and consistent with applicable law, regulations and policy, from advocacy to service delivery, is critical to the success and sustainability of PEPFAR and the global effort to combat HIV. 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.

As in years past, civil society organizations are considered essential and invited to participate both in the virtual COP 2021 strategic planning meetings, as well as virtual approval meetings.

This engagement, of both civil society, and of faith-based organizations/faith communities, specifically includes the sharing of FY 2020 Q4 and FY 2020 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2021 in order to introduce and discuss all COP/ROP 2021 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/ROP 2021. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2021, PEPFAR will convene virtual meetings 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, faith-based organizations/faith communities, and multilateral partners. Specific guidance for the 2021 virtual meeting delegations will be provided separately.

Engagement with all stakeholders is required beyond the meetings and throughout COP/ROP 2021 development, finalization, and implementation. As in COP/ROP 2020, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with both CSO and FBO stakeholders for their input and comments at least 48 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP/ROP 2021 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment (C&T): Zimbabwe's COP/ROP 2021 minimum requirement for the Care and Treatment (C&T) earmark is reflected in Table 2. If there is no adjustment to the COP/ROP 2021 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment earmark amount across new FY 2021 GHP-State and GHP-USAID funding. The Care and Treatment earmark will be calculated as the sum of the following:

- 100% Care and Treatment (C&T) Program Areas
- 50% Testing (HTS) Program Areas
- 100% Above Site Program: Laboratory System Strengthening
- 70% Pregnant and Breastfeeding Women Beneficiary Group
- Proportional % Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the C&T earmark)

Orphans and Vulnerable Children (OVC): Zimbabwe's COP/ROP 2021 minimum requirement for the OVC earmark is reflected in Table 2. Countries must program to the full OVC earmark amount across new FY 2021 GHP-State and GHP-USAID funding. The OVC earmark will be calculated as the sum of the following:

- 85% (DREAMS initiative funding — commodities planned under DREAMS initiative — Any HTS interventions planned under DREAMS initiative — Any C&T intervention planned under DREAMS initiative)

- 100% (OVC Beneficiary group funding — commodities planned under any intervention with OVC beneficiaries — Any HTS planned under interventions with OVC beneficiaries)
- Proportional Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the OVC earmark)

Abstinence, Be Faithful/Youth (AB/Y) Reporting Requirement: If AB/Y-programmed activities do not reach a 50 percent threshold of all sexual prevention funding, as calculated by the formula below, in any country with a generalized epidemic, S/GAC is required to report to the appropriate Congressional committees on the justification for the decision. In such cases, teams should provide brief justifications and explain the rationale for prevention programming decisions given the epidemiologic context, contributions of other donors, and other relevant factors. The written justifications should be uploaded as 'Budgetary Requirements Justification' to the document library of FACTS Info.

Abstinence, Be Faithful/Youth (AB/Y) programming, formerly captured in the HVAB budget code, will now be captured by using a combination of prevention program areas and beneficiaries, which are identified in the formula below. The numerator captures those interventions that are Abstinence, Be Faithful/Youth (AB/Y) programming, and the denominator approximates all sexual prevention activities. The proportion of Abstinence, Be Faithful/Youth (AB/Y) programming as a proportion of all sexual prevention activities is calculated by dividing the numerator by the denominator:

Numerator

Prevention: primary prevention of HIV and sexual violence

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, and boys)

+

Prevention: community mobilization, behavior, and norms change

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, boys, adults, not disaggregated)

Denominator

Prevention: primary prevention of HIV and sexual violence (all populations)

+

Prevention: **community mobilization, behavior, and norms change** (all populations)

+

50 % Prevention: **Not disaggregated** (all populations)

Gender Based Violence (GBV): Zimbabwe's COP/ROP 2021 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY 2021** funding programmed to the GBV cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2020 GBV earmark allocation as a baseline. The COP/ROP 2021 planned level of new FY 2021 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Zimbabwe's COP/ROP 2021 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY 2021 funding** programmed to the water cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2019 water earmark allocation as a baseline. The COP/ROP 2021 planned level of new FY 2021 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 FY 2021, and must meet 40% by FY 2020. 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 OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY 2021 as appropriate through their COP/ROP 2020 submission.

State ICASS: Table 3 shows the amount that must program under State for ICASS Costs.

COP/ROP 2021 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

All agencies in Zimbabwe should hold a 4-month pipeline at the end of COP/ROP 2021 implementation whenever possible in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. If an agency/OU combination has a history of over-outlays, or in cases where an agency/OU COP envelope has increased in recent years, there may not be sufficient funding to maintain a 4-month buffer. Any agency that anticipates ending COP/ROP 2020 implementation (end of FY 2021) with a pipeline in excess of 4 months is required to apply this excessive pipeline to COP/ROP 2021, decreasing the new funding amount to stay within the planning level.