COP 2017 Approval Meeting
Out-brief
ZIMBABWE

April 21, 2017
Context: Economy

- Zimbabwe’s cash shortage crisis continues even with the release of bond notes
- Economic growth is waning, with exports and imports declining and 2016 GDP at 0.6%
- Potential impact on health workforce if conditions worsen
Context: Environmental Factors

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Launched national consolidated guidelines - Dec. 1, 2016
Sensitisation of all 10 provinces done mid-November followed by provincial dissemination meeting

All 10 provinces have been advised to start implementing the treat all recommendation

All 36 districts fully implementing Treat All
Some PEPFAR districts started as late as February/March 2017
Most non-PEPFAR districts not yet started (awaiting guidelines)

Guidelines printing underway; distribution to the districts start May 2017
Expected full-scale implementation by May 2017

Adoption of self testing by MOHCC (50% of self-testers are men, 28% are youths)
MOHCC – KP/PreP integration in public facilities

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
National 90-90-90 of 15-64 Year Olds
(Under 30 and 30+ years)

- Aware of Status: 55.5% <30 Years PLHIV, 79.3% 30+ Years PLHIV
- On Treatment: 81.51% <30 Years PLHIV, 87.8% 30+ Years PLHIV
- Virally Suppressed: 82.36% <30 Years PLHIV, 87.2% 30+ Years PLHIV

Context: Annual Investment Profile by Program Area

Clinical Care, Treatment & Support

HSS

VMMC

Priority Population Prevention

Laboratory

HTS

OVC

SI, Surveys & Surveillance

Key Population Prevention

PMTCT

Community-based Treatment & Support

Millions

PEPFAR  GF  HDPG  Private Sector  Government of Zimbabwe

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
First 90 COP 2016 Performance & COP 2017 Strategies
COP 2016 Progress: Q1 & Q2 Clinical Cascade Performance

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### Status of COP16 HRH Implementation & Performance by Key

<table>
<thead>
<tr>
<th>HTC</th>
<th>ITECH</th>
<th>OPHID/FHI360</th>
</tr>
</thead>
<tbody>
<tr>
<td>% HTS Providers deployed</td>
<td>105%</td>
<td>20%</td>
</tr>
<tr>
<td>COP16 HTC target</td>
<td>488043</td>
<td>153067</td>
</tr>
<tr>
<td># tests done</td>
<td>161,440</td>
<td>36,559</td>
</tr>
<tr>
<td>% HTC achieved</td>
<td>33%</td>
<td>24%</td>
</tr>
<tr>
<td>COP16 target HTC Pos</td>
<td>43760</td>
<td>29,348</td>
</tr>
<tr>
<td># pos identified</td>
<td>11,880</td>
<td>6,146</td>
</tr>
<tr>
<td>% pos achieved</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>Positivity Rate</td>
<td>7%</td>
<td>17%</td>
</tr>
<tr>
<td># ART Providers deployed</td>
<td>31</td>
<td>141</td>
</tr>
<tr>
<td>% ART Providers deployed</td>
<td>52%</td>
<td>101%</td>
</tr>
<tr>
<td>COP16 Tx_New target</td>
<td>67827</td>
<td>64,953</td>
</tr>
<tr>
<td># Tx_New Achieved</td>
<td>5,177</td>
<td>7,712</td>
</tr>
<tr>
<td>% Tx_New Achieved</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Average Tests done per Provider</td>
<td>1,170</td>
<td>348</td>
</tr>
<tr>
<td>Average Positives id'd per Provider</td>
<td>86</td>
<td>59</td>
</tr>
<tr>
<td>Average Tx_New per Provider</td>
<td>167</td>
<td>55</td>
</tr>
<tr>
<td>Average Linkage by Partner</td>
<td>44%</td>
<td>125%</td>
</tr>
</tbody>
</table>

- **More Testers needed**
- **More Testers needed**
- **Index testing doubles overall yield**
- **PITC yield lower than anticipated**
- **Knock-on effect of testing and linkage**
- **Patient navigators intervention working**

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COP 2017: First 90 - Targeted and Nationally Coherent Testing Strategy

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Evidence from HIVST pilot in Zimbabwe

50% of self-testers are men and 28% youth that would otherwise not be reached with testing, addressing current gaps

21% - 23% of self-testers have never tested before

52% of self-testers with reactive result at community level linked to health facilities within a week

99% of the self-testers with reactive results at NSC were confirmed positive

Plans for 2017 onwards

• Optimize and scale-up equitable and sustainable HIVST across sectors
• Secondary Distribution of HIVSTs to HIV positive index client to increase sexual partner testing
• HIVST integration with public sector PITC
• Secondary Distribution of HIVSTs by pregnant women enrolled in PMTCT program to increase partner testing
• Distribution to key populations (MSM and FSWs)
COP 2017: Can we achieve the First 90 without HIVST?

Maintaining the current rate of testing, modelling suggests that we would not be predicted to achieve the 1st 90 by 2020

Only with the introduction of targeted community-based HIVST in young people, FSW and adult men, it will be possible to achieve the first 90 by 2019!

Modelling Andrew Phillips and Valentina Cambriano, 2016
Second 90 COP 2016 Performance & COP 2017 Strategies
COP 2016 Progress: Second 90 – TX_NEW and Linkages

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COP 2016 Progress: Second 90 – Site Volume and Linkages Q1 & Q2

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Linkage Rate by District

*example of analyses done*

- Sum of HTS_TST_POS

0% 100% 200% 300% 400% 500% 600% 700% 800% 900%

0 1000 2000 3000 4000 5000 6000 7000 8000 9000

Number of Individuals

Linkage Rate

Zvimba, Chegutu, Kadoma, Tsholotsho, Hurungwe, Mutasa, Chipinge, Nkayi, Bulilima, Marondera, Gokwe..., Gutu, Chiredzi, Masvingo, Zaka, Mazowe, Mangwe, Mberengwa, Matobo

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Linkage Rate by Site: Zvimba District  *example of analyses done*

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21 Sites account for 80% of IP Q2 TX_New Gap

Response: Directed HRH Deployment to these 21 low performing sites in Q2

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COP 2016 Linkage to treatment by age and sex; Oct 2016 - Mar 2017

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COP 2017: Overarching Strategies to Increase Performance

**HRH investments:**
- community linkage facilitators, patient navigators, ART initiators

**Partner management:**
- site level biweekly cascade data review & expansion to all sites

**Improved linkage among young men and women**

**Demand creation:**
- treatment literacy targeting young people

**Differentiated care:**
- community ART/ Same Day Initiation CARGs, support groups (e.g. young mothers), CATS

**A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT**
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

<table>
<thead>
<tr>
<th>Objective</th>
<th>Surpasses Standards</th>
<th>Meets Expectations</th>
<th>Needs Improvement</th>
<th>Needs Urgent Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.01 Patient/Beneficiary Records [C&amp;T GEN POP]</td>
<td></td>
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<tr>
<td>02.02 Patient Tracking-ART Patients [C&amp;T GEN POP]</td>
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<td></td>
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<tr>
<td>02.03 Patient Tracking-Pre-ART Patients [C&amp;T GEN POP]</td>
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<tr>
<td>02.04 ART Register (paper) [C&amp;T GEN POP]</td>
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<tr>
<td>02.05 ART Register (electronic) [C&amp;T GEN POP]</td>
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<tr>
<td>02.06 pre-ART Register (paper) [C&amp;T GEN POP]</td>
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<tr>
<td>02.07 pre-ART Register (electronic) [C&amp;T GEN POP]</td>
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<tr>
<td>02.08 ART Eligibility [C&amp;T GEN POP]</td>
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<tr>
<td>02.09 Cotrimoxazole [C&amp;T GEN POP]</td>
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<tr>
<td>02.10 Adherence Support [C&amp;T GEN POP]</td>
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<td></td>
<td></td>
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<tr>
<td>02.11 ART Monitoring [C&amp;T GEN POP]</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>02.16 TB Screening (Adult) [C&amp;T GEN POP]</td>
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<td></td>
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<tr>
<td>02.17 Isoniazid Preventive Therapy (IPT) [C&amp;T GEN POP]</td>
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<td></td>
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</tr>
<tr>
<td>02.18 TB Diagnostic Evaluation Cascade [C&amp;T GEN POP]</td>
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<tr>
<td>02.19 Facility Linkage to Community Services for Adult and Child PLHIV...</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

SIMS: Care and Treatment – General Population Example

Surpasses Standards: [ ]
Meets Expectations: [ ]
Needs Improvement: [ ]
Needs Urgent Improvement: [ ]

Circle-marked section: 02.16 TB Screening (Adult) [C&T GEN POP]
Site Improvement Monitoring Systems (SIMS): Addressing the Gaps

- Poor ART Monitoring
- No Site Level HIV-PT
- Support Ongoing Scale-up
- Poor Linkage HTS-ART
- Navigators in Facilities
- Poor Community Referral Systems
- Tools Developed
- Limited Waste Segregation
- Bins and Liners Procured

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Third 90 COP 2016 Performance & COP 2017 Strategies
COP 2017: Third 90 Differentiated care to reach and maintain viral suppression

<table>
<thead>
<tr>
<th>Stable patients</th>
<th>Unstable patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Multi-month prescribing</td>
<td>• Home visits, support groups:</td>
</tr>
<tr>
<td>• 3-month Rx nationwide</td>
<td>• CATS for adolescents</td>
</tr>
<tr>
<td>• Fast-track drug pickup visits</td>
<td>• Community cadres for adults</td>
</tr>
<tr>
<td>• CARGs</td>
<td>• Mental health support</td>
</tr>
<tr>
<td>• Community outreach/support</td>
<td>• Referrals for ancillary services</td>
</tr>
<tr>
<td></td>
<td>• Repeat VL, potential regimen switch</td>
</tr>
<tr>
<td></td>
<td>• Viremic pregnant/BF women:</td>
</tr>
<tr>
<td></td>
<td>• Extended infant prophylaxis</td>
</tr>
<tr>
<td></td>
<td>• Intensified adherence support</td>
</tr>
</tbody>
</table>
Viral Load Cascade

- Creation of Demand for Testing
- Specimen Collection & Processing
- Sample Transport
- Laboratory Testing
- Result Reporting & Interpretation by Clinician
- Patient Management

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A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

COP16 Q2 - 144,406 out of 832,207 patients (17%) have received a viral load test

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Reaching the third 90 – National Viral Load Coverage 2015-2020 Reagent Commitments (Actual and Projected)
VMMC COP 2016 Performance & COP 2017 Strategies
COP 16 Progress & COP17 VMMC Strategy

Budget, Target And Results Trends (COP15 - COP17)

Weekly Trajectory towards Program Recovery

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COP 16 Progress: Age Pivot Shift due to Method Change

- **51%** of all VMMCs 15-29yr (Surgical + PrePex)
- **46%** of all VMMCs in 15-29yr (No PrePex)

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### COP 16 Progress: DREAMS Districts Innovations & Performance

<table>
<thead>
<tr>
<th>DREAMS District</th>
<th>Coverage - End of FY16</th>
<th>Target Saturation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulawayo</td>
<td>72%</td>
<td>FY17</td>
</tr>
<tr>
<td>Gweru</td>
<td>62%</td>
<td>FY18</td>
</tr>
<tr>
<td>Makoni</td>
<td>25%</td>
<td>FY18</td>
</tr>
<tr>
<td>Mazowe</td>
<td>35%</td>
<td>FY18</td>
</tr>
<tr>
<td>Mutare</td>
<td>25%</td>
<td>FY19</td>
</tr>
<tr>
<td>Chipinge</td>
<td>22%</td>
<td>FY19</td>
</tr>
</tbody>
</table>

#### DREAMS District Recovery Trajectory, Jan-Mar `17

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Condom & PrEP Programming
Condom Use Trends in Zimbabwe: Utilization

- Condom use at last higher risk sex (with a non-marital, non-cohabiting partner) [Men]
- Condom use at last higher risk sex (with a non-marital, non-cohabiting partner) [Women]
- Condom use at last paid sexual intercourse [Men]
- Condom use during higher-risk sex (with multiple partners) [Men]
- Condom use during higher-risk sex (with multiple partners) [Women]

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**COP 17 Condom Strategy**

- Apply total market lens for a sustainable condom strategy, ensuring lasting impact of USG investments & reduced dependence of the condom market on donor funding

- Build on FY17 study to implement evidence based demand creation interventions targeting **youth and adolescents**, **clients of SWs**, and **KPs** to reduce the condom use gap, with a focus on sustained use of condoms

- Generic category promotion benefits free condoms, social marketed, and commercial sector brands

- 1.25 million monthly sales target to reach 15 million/year
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PrEP in COP17

- Extend from 4 DREAMS districts to 6, adding 2 using public sector approach
- Provide PrEP at 5 KP sites
- Demand creation AGYW; retention

<table>
<thead>
<tr>
<th>Population</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>AGYW 16-24</td>
<td>1,457</td>
</tr>
<tr>
<td>FSW</td>
<td>710</td>
</tr>
<tr>
<td>Other females at risk</td>
<td>250</td>
</tr>
<tr>
<td>Gen pop men (discordant couples)</td>
<td>145</td>
</tr>
<tr>
<td>MSM</td>
<td>467</td>
</tr>
<tr>
<td>Total</td>
<td>3,029</td>
</tr>
</tbody>
</table>
Key Populations Performance & COP 2017 Strategies
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FY17 Q2 FSW Results vs Targets

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FY17 HIV Testing Volume & Yield
Women Engaging in Transactional Sex (non-self identifying FSW)

Characteristics of those reporting transactional sex & testing HIV+ (n=414)

- 36% age 15-24, 22% age 25-29, 42% age 30+
- Unemployed (52%) or self-employed (31%)
- Divorced (38%), never married (25%), separated (19%)
- Completed secondary school (75%)
- Tested in Harare (53%)

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FY17 Q2 MSM Results vs Targets

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COP17 FSW Targets

- Size estimation results in June 2017
- Factored in SAPHHiRe baseline & care cascade analyses

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Est pop</td>
<td>18,378</td>
</tr>
<tr>
<td>Reach (81%)</td>
<td>14,859</td>
</tr>
<tr>
<td>HIV+ (58%)</td>
<td>8,544</td>
</tr>
<tr>
<td>On ART (43%, DSD &amp; public sector)</td>
<td>6,389</td>
</tr>
<tr>
<td>HTC_TST (HIV- &amp; unknown status)</td>
<td>7,421</td>
</tr>
<tr>
<td>HTC_POS</td>
<td>1,831</td>
</tr>
<tr>
<td>PEPFAR TX_NEW (91%)</td>
<td>1,668</td>
</tr>
<tr>
<td>PEPFAR TX_CURR</td>
<td>6,501</td>
</tr>
<tr>
<td>HIV-</td>
<td>5,965</td>
</tr>
<tr>
<td>PEPFAR PrEP_NEW (12% HIV-)</td>
<td>710</td>
</tr>
</tbody>
</table>
COP17 MSM Targets

- Pop Est (0.2% male pop) 4,568
- Reach (75%) 3,425
- HIV+ (23.5%) 805
- On ART (43%) 346
- HTC_TST (HIV- & unknown status) 1,628
- PEPFAR HTC_POS (23.5%) 382
- PEPFAR TX_NEW (90%) 344
- PEPFAR TX_CURR 415
- HIV- 1,245
- PrEP_NEW 38% 467

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COP17 KP Strategy: Public Sector Approach

- Build on previous investments & infrastructure
- Design model linking clinical services (public sector) with community support (KP groups)
- Use existing KP TX sites as centers of excellence
- Expand in phased approach beginning with Gov’t/Municipal facilities in current sites
- Expand to border/corridor areas in coordination with GF & other donor investments

- Learn from neighboring countries
- Second MOHCC KP Coordinator
- Plan & implement together with KP groups
- Monitoring & QI with KP groups
- Values exploration
- HCW attachments to New Start & Sisters
- Peer navigation
- Integrate people living with disabilities

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DREAMS Performance & COP 2017
Strategies
DREAMS Zimbabwe Entry Points

<table>
<thead>
<tr>
<th>Category</th>
<th>Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>• AG 15-19</td>
</tr>
<tr>
<td>Community</td>
<td>• Out of school AG 15-19</td>
</tr>
<tr>
<td></td>
<td>• YW 20-24</td>
</tr>
<tr>
<td></td>
<td>• Young women selling sex</td>
</tr>
<tr>
<td>Health services (FP, HTS, GBV)</td>
<td>• Service provided, referred into ‘program services’ according to need</td>
</tr>
<tr>
<td>Cash transfer program</td>
<td>• Economically vulnerable AGYW 10-24</td>
</tr>
</tbody>
</table>
DREAMS in COP17: Overview

- Maintain core services in 6 DREAMS districts
- Saturation of in-school & out-of-school HIV/GBV
- Increase Family Planning targets by 25% & emphasis on teen pregnancy prevention
- Triple investments in educational subsidies to cover 10% of 15-19 year olds overall, targeted to economically vulnerable & at risk of drop out (5 fold increase in targets)
- Expand interventions to return girls to school & mentored work readiness, doubling targets
- Ensure coverage of norms change/community mobilization, and male engagement activities, in wards in existing districts not yet covered
- Continue CTs in 4 districts but plan for transition
- Expansion of PrEP
- Continued support for coordination, M&E including DHIS-2 database
DREAMS: Update on Layering

**Unique AGYW 10-24 provided with a DREAMS service, inception through FY17 Q2**

- ~110,000 unique AGYW 10-24
- 55,433 (59%) AGYW 15-24 received at least 3 services: curriculum based HIV-GBV prevention, social asset building, condom promotion/distribution
- 22,936 (21%) AGYW 10-24 in cash transfer households received at least 5 services: cash transfer, education subsidies or work readiness, social asset building; plus parenting & economic strengthening for their caregiver

---

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OVC COP 2016 Performance & COP 17 Strategies
COP 2016 OVC Progress

- OVC_SERV Target Reached: 428,280 (110%)

COP17 OVC Strategy

- TOTAL OVC_SERV Target: 343,500
- Boosted UE: $39
- 22 of 36 PEPFAR districts

Age Distribution

- <1 years: 18%
- 1-9 years: 22%
- 10-14 years: 26%
- 15-17 years: 6%
- 18-24 years: 20%
- 25+ years: 8%

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COP2017: Improving HIV Risk Avoidance among 9-14 year old OVC

- HIV Support Groups (CATS)
- SRH, HIV, and GBV Education
- Household Resilience Building
- Improve HIV Risk Avoidance among 9-14 year olds
- Social Asset Building
- Education Assistance
- HIV Case Management

PEPFAR
COP 2017: Addressing GBV through OVC Programming

GBV Prevention
- Community Mobilization: GBV education for norms change
- SRH, HIV, and GBV Education

GBV Response
- One Stop Model: Integrated services at drop in centers
- Case management & referral
- Psychosocial, legal, & health services
- Transportation vouchers & temporary shelter
- Post-exposure prophylaxis (PEP)
Validation of COP 2017 DCMM and External Engagement
Zimbabwe COP16 SNU Prioritization

Legend

DREAMS SNU
[6]

COP16 SNU Prioritization
- Ctrl Supported [24]
- ScaleUp Agg [19]
- ScaleUp Sat [17]

Data Source:
COP16 planning datapack,
10 February 2017

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Zimbabwe COP17 SNU Prioritization

Legend

DREAMS SNU
[6]

COP17 SNU Prioritization

- Ctrl Supported
- ScaleUp Sat - 80% Coverage
- ScaleUp Sat - 90% Coverage
- ScaleUp Sat - 100% Coverage

Data Source:
1. COP17 planning datapack, 10 February 2017
## COP 2017: Stakeholder Engagement and Feedback

<table>
<thead>
<tr>
<th>EVENT</th>
<th>TIMING/FREQUENCY</th>
<th>COP 2017 Feedback Incorporated</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEPFAR Partners Quarterly meeting</td>
<td>Quarterly</td>
<td>• PLWHIV &amp; Disabilities Adopted as a Priority Population for targeted outreach</td>
</tr>
<tr>
<td>COP17 Planning retreat</td>
<td>Annually</td>
<td>• Integration of models from the SEARCH study into the HIV Testing Strategy</td>
</tr>
<tr>
<td>ZNASP multi sectoral review</td>
<td>occasional</td>
<td>• Integration of Key Pop Programming in Public Sector Facilities and targeted efforts to increase reach of MSM</td>
</tr>
<tr>
<td>MOHCC Strategic review and planning meeting</td>
<td>annual</td>
<td>• Capacity Building &amp; Demand Creation resources for CSO to monitoring of site-level performance</td>
</tr>
<tr>
<td>GF funding request writing session</td>
<td>After three years</td>
<td></td>
</tr>
<tr>
<td>Health Development partners’ meeting</td>
<td>Bi monthly</td>
<td></td>
</tr>
<tr>
<td>CSO/PEPFAR MEETING</td>
<td>quarterly</td>
<td></td>
</tr>
<tr>
<td>Private sector /PEPFAR meeting</td>
<td>half yearly</td>
<td></td>
</tr>
</tbody>
</table>

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PEPFAR and Global Fund

We are constantly evolving to better serve people affected by the diseases. 
-Global Fund
Summary of COP 2017 Targets by Prioritization

<table>
<thead>
<tr>
<th>COP17 Priority</th>
<th>COP17 Target (APR18) HTC_Test</th>
<th>COP17 Target (APR18) HTC_Pos</th>
<th>COP17 Target (APR18) Tx_New</th>
<th>COP17 Target (APR18) Tx_CURR</th>
<th>COP17 Target (APR18) OVC_Serv (excl. DREAMS)</th>
<th>COP17 Target (APR18) KP_Prev (MSM/FSW/DREAMS)</th>
<th>COP17 Target (APR18) PP_Prev</th>
<th>COP17 Target (APR18) VMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>2,910,458</td>
<td>308,583</td>
<td>269,315</td>
<td>984,129</td>
<td>365,011</td>
<td>19,837</td>
<td>113,024</td>
<td>306,139</td>
</tr>
<tr>
<td>Saturation</td>
<td>2,910,458</td>
<td>308,583</td>
<td>269,315</td>
<td>984,129</td>
<td>365,011</td>
<td>19,837</td>
<td>113,024</td>
<td>306,139</td>
</tr>
</tbody>
</table>

*Note: Key Pop and DREAMS cascades presented separately*
### Impact over time: Tx_New and Tx_CURR Details

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>60</td>
<td>90,330</td>
<td>737,085</td>
<td>25%</td>
<td>71%</td>
<td>60</td>
<td>263,424</td>
<td>984,410</td>
<td>139,260</td>
</tr>
<tr>
<td><strong>Saturation</strong></td>
<td>17</td>
<td>32,038</td>
<td>261,949</td>
<td></td>
<td></td>
<td>40</td>
<td>263,424</td>
<td>984,410</td>
<td>139,260</td>
</tr>
<tr>
<td><strong>Aggressive</strong></td>
<td>19</td>
<td>49,389</td>
<td>388,959</td>
<td></td>
<td></td>
<td>0</td>
<td>263,424</td>
<td>984,410</td>
<td>139,260</td>
</tr>
<tr>
<td><strong>Central Support</strong></td>
<td>24</td>
<td>8,903</td>
<td>86,177</td>
<td></td>
<td></td>
<td>20</td>
<td>263,424</td>
<td>984,410</td>
<td>139,260</td>
</tr>
</tbody>
</table>

All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at [http://data.pepfar.net](http://data.pepfar.net).
PEPFAR supply chain management investments include:

- **Central level ARV stock audits** at NatPharm (Harare and branches)
- Support to **optimize existing pharmaceutical supply chain systems**
- **Seconded staff** to MOHCC DPS and DLS logistics units
- **National & subnational support and coordination for quantification and supply planning**
- **Routine quarterly pipeline monitoring**
- **Support for data collection and reporting systems for distribution systems**
- **Storage and distribution support**

**Commodity & SCM support is the same across all SNU categories.**
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ARV Commitments vs. National and PEPFAR targets

Gap of 99,994 pts. $11.8 million

*PEPFAR 2019 and 2020 targets estimated at 1,250,000 and 1,300,000.
### Commodities

<table>
<thead>
<tr>
<th>Product</th>
<th>COP16 Commitment</th>
<th>COP17 Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult 1st line ARVs (TLE)</td>
<td>$21,971,822 (COP)</td>
<td>$19,917,600</td>
</tr>
<tr>
<td></td>
<td>$7,157,663 (DREAMS)</td>
<td></td>
</tr>
<tr>
<td>PrEP (DREAMS, KPs &amp; Gen Pop)</td>
<td>$0</td>
<td>$112,073</td>
</tr>
<tr>
<td>Roche VL reagents</td>
<td>$2,000,000</td>
<td>$1,030,332</td>
</tr>
<tr>
<td>VMMC kits (Surgical only COP17)</td>
<td>$2,193,600 (COP)</td>
<td>$4,323,014</td>
</tr>
<tr>
<td></td>
<td>$1,437,489 (DREAMS)</td>
<td></td>
</tr>
<tr>
<td>Tetanus vaccine (for VMMC)</td>
<td>$89,247</td>
<td>$129,837</td>
</tr>
<tr>
<td></td>
<td>(added following WHO guidelines)</td>
<td></td>
</tr>
<tr>
<td>EID bundles</td>
<td>$0</td>
<td>$286,000</td>
</tr>
<tr>
<td>RTKs (including self-testing kits)</td>
<td>$300,000 (DREAMS)</td>
<td>$936,123</td>
</tr>
<tr>
<td>Pediatric ARVs</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total commodities</td>
<td>$26,165,422 (COP)</td>
<td>$26,605,142</td>
</tr>
<tr>
<td></td>
<td>$8,895,152 (DREAMS)</td>
<td>(plus $129,837 for TT)</td>
</tr>
<tr>
<td></td>
<td>(plus $89,247 for TT)</td>
<td></td>
</tr>
</tbody>
</table>
COP 2017: Table 6

- System activities cover both site (~$14.5m) and above-site (~$4.5m) barriers
- Systems in Zimbabwe rely primarily on the Ministry of Health for implementation and most commodities are provided by the Global Fund.
- Table 6 has been approved

- **Address Suboptimal ART initiation and adherence**
- **Coordination of national Key Populations Strategy**
- **Need for improved HTC alignment, yield and ongoing ART patient monitoring**
- **Community support and accountability**
- **Supply chain support and strengthening**
- **Improve national data for programmatic decision making**
<table>
<thead>
<tr>
<th>PEPFAR Budget Code</th>
<th>2016 Budget by Budget Code</th>
<th>2017 Budget by Budget Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMTCT</td>
<td>$1,309,769</td>
<td>$425,017</td>
</tr>
<tr>
<td>HVAB</td>
<td>$776</td>
<td>$947,317</td>
</tr>
<tr>
<td>HVOP</td>
<td>$896,458</td>
<td>$9,169,278</td>
</tr>
<tr>
<td>IDUP</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>HMBL</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>HMIN</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CIRC</td>
<td>$13,143,370</td>
<td>$13,051,794</td>
</tr>
<tr>
<td>HVCT</td>
<td>$9,894,719</td>
<td>$13,286,835</td>
</tr>
<tr>
<td>HBHC</td>
<td>$3,985,245</td>
<td>$9,796,377</td>
</tr>
<tr>
<td>PDCS</td>
<td>$716,547</td>
<td>$1,400,220</td>
</tr>
<tr>
<td>HKID</td>
<td>$7,589,019</td>
<td>$15,002,079</td>
</tr>
<tr>
<td>HTXS</td>
<td>$26,718,602</td>
<td>$27,404,657</td>
</tr>
<tr>
<td>HTXD</td>
<td>$21,971,822</td>
<td>$20,029,673</td>
</tr>
<tr>
<td>PDTX</td>
<td>$3,295,443</td>
<td>$2,648,344</td>
</tr>
<tr>
<td>HVTB</td>
<td>$1,638,563</td>
<td>$4,360,363</td>
</tr>
<tr>
<td>HLAB</td>
<td>$220,081</td>
<td>$210,583</td>
</tr>
<tr>
<td>HVSI</td>
<td>$1,419,003</td>
<td>$1,983,145</td>
</tr>
<tr>
<td>OHSS</td>
<td>$815,782</td>
<td>$473,723</td>
</tr>
<tr>
<td>HVMS</td>
<td>$7,384,801</td>
<td>$6,783,999</td>
</tr>
<tr>
<td>Total</td>
<td>$101,000,000</td>
<td>$126,973,404</td>
</tr>
</tbody>
</table>

Note: Excludes VMMC Central
COP 2017: Allocations – Above Site vs. TA vs. DSD

Technical Assistance for Service Delivery Improvement (TA)
- Site-Level Clinical Supervision & Mentoring
- QI/QA
- Forecasting/Quantification
- National Lab Quality
- MOHCC Secondments
- PITC TA-SDI
- Surveys
- COP 17 TA Allocation: $18,748,227

Above -Site
$4,435,199

Site Level
$110,218,352

- Viral Load Scale-Up
- Human Resources “Boots on the Ground”
- Commodities: ARVs, PreP, RTKs, etc.
- CARGS, CATs

Direct Service Delivery (DSD)
- HRH for PITC +, Index Testing, Patient Navigators, Mobile ART Initiators
- Commodities
- Friendship Bench Pilot
- DREAMS & VMMC
- Condom Programming
- OVC & Key Pop
- COP 17 DSD Allocation: $81,863,641

Note: Excluding M&O & PM/Sl

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## COP 2017: Agency and Earmark Allocations

<table>
<thead>
<tr>
<th>Agency</th>
<th>New FY 2017 Funding (all accounts)</th>
<th>Applied Pipeline</th>
<th>Total Planning Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>USAID</td>
<td>$92,037,399</td>
<td></td>
<td>$126,973,404</td>
</tr>
<tr>
<td>HHS/CDC</td>
<td>$34,179,005</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>HHS/HRSA</td>
<td>$525,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$232,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Earmark Allocations

<table>
<thead>
<tr>
<th>Earmark Requirement in Planning Level Letter</th>
<th>Earmark Requirement</th>
<th>Allocation</th>
<th>Total</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>C&amp;T</td>
<td>$69,522,619</td>
<td>$69,753,190</td>
<td>$5,166,042</td>
<td>C&amp;T Earmark is at or above requirement</td>
</tr>
<tr>
<td>OVC</td>
<td>$7,589,019</td>
<td>$15,002,079</td>
<td>$7,413,060</td>
<td>OVC Earmark is at or above requirement</td>
</tr>
<tr>
<td>GBV</td>
<td>$894,000</td>
<td>$1,821,275</td>
<td>$927,275</td>
<td>Earmark is at or above requirement</td>
</tr>
<tr>
<td>Water</td>
<td>$100,000</td>
<td>$125,000</td>
<td>$25,000</td>
<td>Earmark is at or above requirement</td>
</tr>
</tbody>
</table>

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