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April 28, 2022

MEMO FOR Mr. Thomas Hastings, U.S. Chargé d'Affaires TO Zimbabwe

FROM: S/GAC – Mr. Mark Giambrone and Dr. Rachel Golin, S/GAC Co-Chairs

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Zimbabwe Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Zimbabwe Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Zimbabwe, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Zimbabwe Country Operational Plan 2022 with a total approved budget of \$203,800,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
TOTAL	203,079,585	720,415	203,800,000
Bilateral	199,279,585	720,415	200,000,000
Central	3,800,000		3,800,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$203,800,000 without additional written approval. Any prior year funds that are not included within this COP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

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Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

ARPA/ESF Funds

All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 14-16, 2022 virtual planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Zimbabwe's COP 2022 are approved to support PEPFAR Zimbabwe's vision to evolve to sustain HIV epidemic control, sustain programmatic gains, and integrate programming through advancing persons-centered services, engaging communities, implementing resilient and adaptive approaches, and supporting capacity for sustainable epidemic control.

Funding and targets for Zimbabwe's Country Operational Plan 2022 will support PEPFAR Zimbabwe's vision in partnership with the Government and people of Zimbabwe to achieve and sustain equitable HIV epidemic control. This will be accomplished through intentional investments to implement effective HIV prevention strategies, identify people living with HIV (PLHIV) in a dignified manner, and provide evidence-based HIV treatment, with the ultimate goal of reducing the number of new HIV infections and HIV-associated morbidity and mortality in Zimbabwe. Specifically, COP 2022 will work to achieve epidemic control across all ages, sexes, and priority populations, through the provision of life-saving HIV treatment to 1,282,703 individuals by the end of FY 2023. In COP 2022, PEPFAR Zimbabwe will continue to partner with the Ministry of Health and Child Care (MOHCC) to invest in the delivery of a comprehensive package of HIV treatment and prevention activities within 44 of Zimbabwe's 63 districts, and enroll an additional 37,438 PLHIV on antiretroviral therapy (ART), ensuring viral load suppression in 1,160,493 (95% on ART) individuals.

The PEPFAR Zimbabwe strategy for programming to be implemented in FY 2023 will focus on persons-centered HIV prevention, testing and treatment services and strengthening health systems through: (1) providing voluntary medical male circumcision, pre-exposure prophylaxis, comprehensive programming for key populations, and integrated clinical and community programming for orphans and vulnerable children and youth; (2) improving HIV case finding for populations that lag global benchmarks (e.g., children, youth, and men); (3) increasing distribution of optimized HIV treatment regimens and implementation of persons-centered treatment service delivery; (4) mitigating HIV-associated morbidities and mortality through TB

preventive therapy, TB screening, and TB treatment and provision of advanced HIV disease management and cervical cancer screening and treatment services; (5) delivering person-centered care with mental health services; and (6) strengthening health systems through community-led monitoring, scaling electronic health record and laboratory systems, and bolstering supply chain management.

During COP 2022, PEPFAR Zimbabwe will build upon prior and current investments in all high HIV burden districts, accounting for 95.6% of PLHIV in the country. PEPFAR Zimbabwe will continue to provide person-centered prevention services, implement HIV testing strategies to respond to the local epidemiological context, and expand the availability of optimized treatment regimens, multi-month dispensing of ART (to reduce the burden of frequent clinical visits), and differentiated service delivery models. Community investments will continue to complement health facility investments. Above site investments will further the country's health management information systems and HIV surveillance, and substantial resources will continue to be allocated to support the country's human resources for health. Notable changes from COP 2021 include implementation of focused activities to improve diagnosis and treatment for children living with HIV, expansion of viral load monitoring services for all ages, strengthening early infant diagnosis services, expansion of community-led monitoring, and strengthening recency surveillance. PEPFAR Zimbabwe's implementing Agencies remain fully committed to active partner management and accountability.

Funding Summary

All COP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

Total	of which, Bilateral New Funding										Applied Pipeline
	Total	FY 2022			GAP	FY 2021 GHP-State	FY 2020 GHP-State	Applied Pipeline			
		Total	GHP-State	GHP-USAID				FY 2021 GHP-State	FY 2020 GHP-State	FY 2021 GHP-State	
TOTAL	200,000,000	199,279,585	19,029,555	-	1,250,000	-	720,415				720,415
HHS Total	65,639,691	65,919,276	64,669,276	-	1,250,000	-	720,415				720,415
HHS/CDC	65,639,691	65,919,276	64,669,276	-	1,250,000	-	720,415				720,415
STATE Total	293,046	293,046	293,046	-	-	-	-				-
State	40,000	40,000	40,000	-	-	-	-				-
State/AF	253,046	253,046	253,046	-	-	-	-				-
USAID Total	133,067,263	133,067,263	133,067,263	-	-	-	-				-
USAID, non-WCF	96,301,842	96,301,842	96,301,842	-	-	-	-				-
USAID/WCF	36,765,421	36,765,421	36,765,421	-	-	-	-				-

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

Total	of which, Central New Funding										Applied Pipeline
	Total	FY 2022			GAP	FY 2021 GHP-State	FY 2020 GHP-State	Applied Pipeline			
		Total	GHP-State	GHP-USAID				FY 2021 GHP-State	FY 2020 GHP-State	FY 2021 GHP-State	
TOTAL	3,800,000	3,800,000	3,800,000	-	-	-	-				-
HHS Total	-	-	-	-	-	-	-				-
HHS/CDC	-	-	-	-	-	-	-				-
STATE Total	-	-	-	-	-	-	-				-
State	-	-	-	-	-	-	-				-
State/AF	-	-	-	-	-	-	-				-
USAID Total	3,800,000	3,800,000	3,800,000	-	-	-	-				-
USAID, non-WCF	-	-	-	-	-	-	-				-
USAID/WCF	3,800,000	3,800,000	3,800,000	-	-	-	-				-

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

GHP-State Funds: Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency’s internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo’s appendix. Additional or remaining pipeline from previous year’s activities that are not currently captured in the COP 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlaid without written approval from S/GAC.

Earmarks: PEPFAR Zimbabwe has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to PEPFAR Zimbabwe. Upon approval of this memo, the amounts below will become the new earmark controls for PEPFAR Zimbabwe (implemented through CDC and USAID). Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	102,821,294	102,821,294	-	-
Orphans and Vulnerable Children	44,009,168	44,009,168	-	-

Preventing and Responding to Gender-based Violence	8,279,213	8,279,213	-	-
Water	135,000	135,000	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmark

** Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	10,555,858	10,555,858	-	-	-
Of which, AB/Y	6,803,540	6,803,540	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	64.5%	64.5%	N/A	N/A	N/A

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

AB/Y Earmark Budget Justification

AB/Y requirement met.

Zimbabwe is thought to have a generalized, heterosexually-driven, HIV/AIDS epidemic with an adult (15 – 49 years of age) prevalence rate of 11.9%. The preliminary Spectrum projections show there are 1,341,321 people living with HIV (1,275,627 adults and 65,694 children). Of that number, there are an estimated 107,396 (8.0 percent) of PLHIV in need of antiretroviral treatment (ART). The ART coverage for adults living with HIV is estimated at 91.6% (911,989 adults on treatment). Coverage for all children living with HIV was 76.2% (65,694 children and young adolescents (< 15 years of age) receiving treatment). Adult HIV treatment is available at 1,578 clinics nationwide, and pediatric HIV treatment services are available at 1,533 sites.

The PEPFAR Zimbabwe budget is focused on both service delivery and technical assistance models. The costs of doing business in Zimbabwe is high, therefore, the country team will strategically invest PEPFAR resources into program areas that achieve the highest impact. The USG team's core areas of investment are HIV prevention, testing, treatment, lab strengthening, all in addition to key populations programming and strategic information. PEPFAR Zimbabwe's HIV combination prevention portfolio has pivoted to focus more on the cascade of care and is driven by the HIV epidemiological context. If

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50 percent of the OU budget were used for AB prevention, the entire cascade could not be addressed and epidemic control would not be possible. PEPFAR will continue to invest in global and national HIV technical priorities and ensure equity in the delivery of services for the HIV response.

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Initiatives by Agency

	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	720,415	3,800,000	-	203,800,000
<i>of which, Cervical Cancer</i>	-	-	-	4,350,000
<i>of which, Community-Led Monitoring</i>	-	-	-	1,179,262
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	3,800,000	-	3,800,000
<i>of which, Core Program</i>	720,415	-	-	125,982,466
<i>of which, DREAMS</i>	-	-	-	40,277,472
<i>of which, OVC (Non-DREAMS)</i>	-	-	-	13,210,800
<i>of which, VMMC</i>	-	-	-	15,000,000
HHS Total	720,415	-	-	66,639,691
<i>of which, Cervical Cancer</i>	-	-	-	1,656,575
<i>of which, Community-Led Monitoring</i>	-	-	-	1,114,262
<i>of which, Core Program</i>	720,415	-	-	47,975,551
<i>of which, DREAMS</i>	-	-	-	9,997,303
<i>of which, VMMC</i>	-	-	-	5,896,000
STATE Total	-	-	-	293,046
<i>of which, Community-Led Monitoring</i>	-	-	-	65,000
<i>of which, Core Program</i>	-	-	-	228,046
USAID Total	-	3,800,000	-	136,867,263
<i>of which, Cervical Cancer</i>	-	-	-	2,693,425
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	3,800,000	-	3,800,000
<i>of which, Core Program</i>	-	-	-	77,778,869
<i>of which, DREAMS</i>	-	-	-	30,280,169
<i>of which, OVC (Non-DREAMS)</i>	-	-	-	13,210,800
<i>of which, VMMC</i>	-	-	-	9,104,000

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FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

Zimbabwe	SNU Prioritizations		
	Centrally Supported	Attained	Total
	<15	-	4,957
TX_NEW	15+	49	32,432
	Total	49	37,389
	<15	10,696	48,000
TX_CURR	15+	192,560	1,031,447
	Total	203,256	1,079,447
	<15	9,195	42,042
TX_PVLS	15+	174,335	934,921
	Total	183,530	976,963
	<15	-	269
HTS_SELF	15+	319	331,912
	Total	319	332,181
	<15	-	92,142
HTS_TST	15+	598	739,948
	Total	598	832,090
	<15	-	4,947
HTS_TST_POS	15+	52	34,142
	Total	52	39,089
HTS_RECENT	Total	52	34,142
	<15	-	8,826
HTS_INDEX	15+	314	32,159
	Total	314	40,985
	<15	-	-
PMTCT_STAT	15+	-	250,181
	Total	-	250,181
	<15	-	-
PMTCT_STAT_POS	15+	-	28,211
	Total	-	28,211
	<15	-	-
PMTCT_ART	15+	-	28,087
	Total	-	28,087
PMTCT_EID	Total	-	29,172
	<15	-	943
TB_STAT	15+	-	24,944
	Total	-	25,887
	<15	-	482
TB_ART	15+	-	13,127
	Total	-	13,609
	<15	-	15,922
TB_PREV	15+	42	318,670
	Total	42	334,592
	<15	-	50,129
TX_TB	15+	49	1,052,504
	Total	49	1,102,633
VMMC_CIRC	Total	-	133,965
KP_PREV	Total	360	65,931
PrEP_NEW	Total	157	58,548
PrEP_CT	Total	142	35,639
CXCA_SCRN	Total	-	220,345
	<15	-	-
PP_PREV	15+	-	86,879
	Total	-	86,879
	<18	-	279,166
OVC_SERV	18+	-	62,111
	Total	-	341,277
OVC_HIVSTAT	Total	-	124,226
GEND_GBV	Total	-	22,943
AGYW_PREV	Total	-	140,561

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

Partner Management and Stakeholder Engagement:

Agreements made during COP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be initiated. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is continuity of treatment (“retention”), it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties’ understanding of PEPFAR Zimbabwe’s progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

COP21-COP22 Budget Shifts by Funding Agency and Program Area

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	CBT	CBT as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
TOTAL	313,238,341	100%	13,717,053	4%	14,976,801	5%	14,248,322	5%	31,927,278	10%	37,628,036	12%	2,316,166	0%	0%
FHIS	21,619,747	34%	7,277,543	10%	36,161,481	50%	2,597,273	4%	10,859,536	15%	10,482,429	16%	4,680,445	7%	0%
STATE	128,046	0%	20,000	7%	573,046	79%	-	-	45,000	6%	60,000	0%	60,000	8%	0%
USAB	140,512,458	66%	5,482,872	4%	56,242,274	40%	6,071,489	4%	20,882,672	15%	27,107,190	19%	24,735,701	17%	0%

COP 22 Budget by Funding Agency and Program Area

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	CBT	CBT as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
TOTAL	279,839,040	100%	13,717,053	5%	14,976,801	5%	14,248,322	5%	31,927,278	11%	37,628,036	13%	2,316,166	0%	0%
FHIS	16,623,491	6%	6,622,272	10%	31,526,737	47%	2,497,216	4%	12,203,063	18%	9,194,350	14%	4,576,673	7%	0%
STATE	230,046	0%	20,000	14%	343,046	51%	-	-	45,000	15%	60,000	0%	60,000	20%	0%
USAB	131,857,253	47%	5,734,881	4%	55,014,500	40%	5,533,172	4%	19,240,200	14%	27,162,732	20%	24,213,096	18%	0%

COP 21-22 Budget Shifts by Funding Agency and Program Area

Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in CBT	% Change in CBT	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE	Change in Not Specified	% Change in Not Specified
TOTAL	15,239,050	14,000	1%	14,976,801	11%	14,248,322	10%	31,927,278	10%	37,628,036	10%	2,316,166	0%	0%	0%
FHIS	15,239,050	10,551,111	69%	14,630,246	11%	2,497,216	10%	12,203,063	10%	9,194,350	10%	4,576,673	10%	0%	0%
STATE	836,000	16,000	2%	425,000	51%	-	-	45,000	100%	60,000	0%	60,000	100%	0%	0%
USAB	13,403,000	23,051,111	172%	13,277,246	99%	11,751,106	83%	19,240,200	60%	27,162,732	72%	24,213,096	65%	0%	0%