MINISTRY OF HEALTH AND CHILD CARE

IMPLEMENTATION PLAN FOR HIV PRE-EXPOSURE PROPHYLAXIS IN ZIMBABWE

2018-2020

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FOREWORD

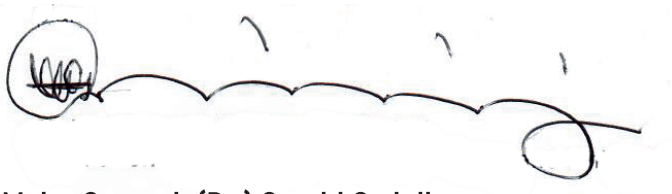
Zimbabwe has over the years recorded significant progress and achievements in reducing HIV prevalence and incidence, with a decline in prevalence from 29% in 1999 to 13.7% (2017 Estimates Report). The decline in the new infection rates is attributed to a number of interventions with knowledge of one's status through the structured HIV Testing Services (HTS) being at the core of this achievement. Subsequent actions after HIV testing range from linkage to HIV care and treatment, provision of male and female condoms, linkage to behavior change programs among other options and most recently linkage to pre-exposure prophylaxis (PrEP).

Zimbabwe is signatory to the global HIV prevention roadmap which aims to prevent and reduce new HIV infections by 75% by 2020. United Nations member states, Zimbabwe included, have committed to reducing new adult HIV infections to fewer than 500 000 annually by 2020 and ending AIDS as a public health threat by 2030. Achieving this will require rapid action based on proven tools and well-informed innovation, backed by extensive support.

New infections among adolescents and adults have remained stubbornly high. However, vigorous measures need to be taken to strengthen HIV combination prevention. Achieving the 90-90-90 targets for HIV treatment is therefore critical. All available evidence show that treatment alone will not be enough to control the epidemic – primary prevention also need to be scaled up whilst maintaining proven prevention methods like condoms.

Zimbabwe aims to reduce HIV incidence among adults and adolescents by 50%: from 0.50% in 2015 to 0.25% by 2020. While there has been a remarkable decline in HIV incidence to date, there is need to intensify and accelerate the implementation of strategies that have been proven to work and embrace new initiatives, for the country to realize its vision: A Zimbabwe with zero new HIV infections, zero discrimination, and zero AIDS-related deaths leading towards ending AIDS by 2030.

MoHCC recognizes and embraces the need to achieve these ambitious targets and therefore calls on all our stakeholders, local and international partners working in the fight against HIV and AIDS to join the government of Zimbabwe in mobilizing the requisite financial and technical resources for the sustainable implementation of the priority interventions identified in this PrEP implementation plan.



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ACKNOWLEDGEMENTS

The Ministry of Health and Child Care acknowledges all the stakeholders who contributed towards the development of the Plan for the Implementation of Pre-exposure Prophylaxis for HIV in Zimbabwe 2018-2020. The plan was developed to guide the delivery of PrEP, as part of a combination HIV prevention approach, to people at substantial risk of HIV infection. Special acknowledgement and appreciation goes to the members of the National PrEP Technical Working Group for steering the development of the plan and the implementation of PrEP in the country.

Special gratitude goes to Pangaea Zimbabwe AIDS Trust (PZAT) with support from OPTIONS and Clinton Health Access Initiative (CHAI) for providing the technical support in the development and costing of the implementation plan.

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ACRONYMS

3TC	Lamuvidine
ABYM	Adolescent boys and young men
AGYW	Adolescent girls and young women
AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral
DREAMS	Determined, Resilient, Empowered, AIDS free, Mentored and Safe women
eMTCT	Elimination of mother to child transmission of HIV
FSW	Female sex worker
FTC	Emtricitabine
HBV	Hepatitis B Virus
HCW	Healthcare worker
HIT	HIV Integrated Training
HIV	Human Immunodeficiency Virus
HTS	HIV testing services
LGBT	Lesbians, gays, bi-sexual and transgender
M & E	Monitoring and evaluation
MOHCC	Ministry of Health and Child Care
MSM	Men who have sex with men
OSDM	Operational and Service delivery Manual
PLHIV	People living with HIV
PrEP	Pre-exposure prophylaxis
PSI	Population Services International
SBCC	Social behaviour change communications
SDC	Sero-discordant couple
SRH	Sexual and reproductive health
STI	Sexually transmitted infections
TDF	Tenofovir Disoproxil Fumerate
TWG	Technical working group
VMMC	Voluntary medical male circumcision
WHO	World Health Organization
ZIMPHIA	Zimbabwe Population-based HIV Impact Assessment
ZNASP	Zimbabwe National HIV and AIDS Strategic Plan
ZNFPC	Zimbabwe National Family Planning Council

1.0 BACKGROUND

1.1. The HIV epidemic in Zimbabwe

Zimbabwe has a generalised HIV epidemic with an estimated 1.2 million people living with HIV in the country in 2016.[1] In the general population both incidence and prevalence rates (0.47% and 14% respectively) remain unacceptably high. An estimated 33 000 people were newly infected in 2016.[1] The HIV epidemic in the country is heterosexually driven, with heterosexual transmission accounting for about 94% of the new HIV infections among adults.[2]

Women continue to be disproportionately affected by HIV and the disparity in HIV incidence and prevalence by sex is most pronounced among young people. HIV incidence among 15 to 24 year old females is 0.53% compared to 0.14% among males in the same age group and a similar trend has been observed in HIV prevalence among females in the 20 to 24 year old age group (8.1%) compared to 2.7%. among males of the same age.

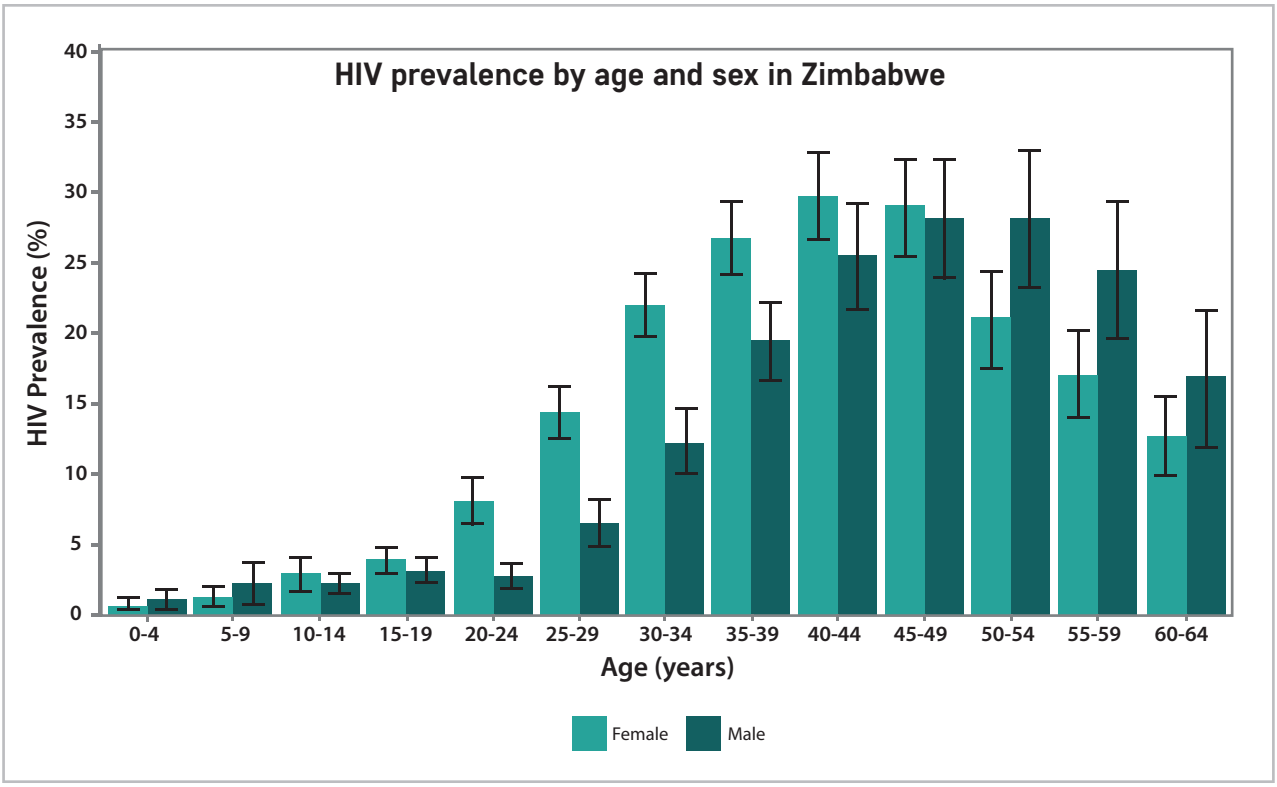


Figure 1: HIV prevalence among persons 0-64 years old by age and sex, ZIMPHIA 2015-2016

The HIV epidemic in Zimbabwe is geographically heterogeneous. HIV prevalence ranges from 11.4% in Manicaland province to 22.3% in Matabeleland South province[1]. An HIV hotspot mapping exercise[3] categorized districts in to high, medium, and low risk based on prevalence, incidence and presence of high risk behaviours. However, some medium risk districts, termed medium with high risk, were identified to have the potential to shift into high risk if risky behaviours were not addressed. Based on the hot spot mapping exercise, the majority of

[1] Zimbabwe Population-based HIV Impact Assessment, 2015- 2016
[2] HIV Modes of Transmission Study, 2011
[3] Smart Investment to End HIV in Zimbabwe based on Hotspot Analysis, 2015

districts in the country were placed in the medium and medium with high risk category whilst 22% (14) of the districts in the country were placed in the high risk category.

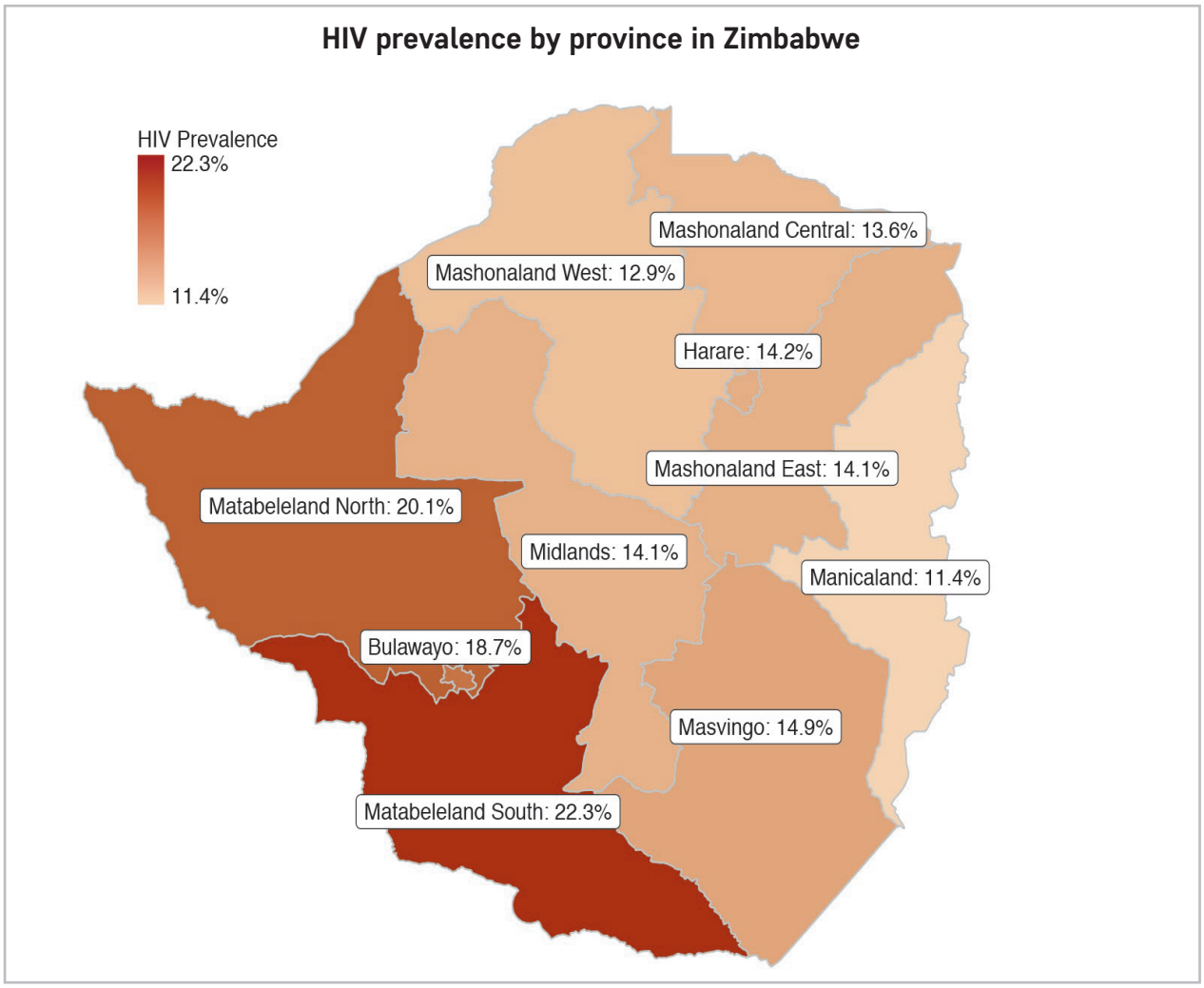


Figure 2: Classification of districts in Zimbabwe by level of risk, Hot Spot Mapping Report 2015

The majority of new HIV infections in Zimbabwe are in urban compared to rural settings, although the majority of the total population (68%) is based in rural settings[4]. The higher incidence in urban settings may signify a high prevalence of risky behaviours or a concentration of key populations resulting in emergence of sub-epidemics. As such, there is a need to investigate and strengthen prevention efforts particularly for populations identified to be at high risk of HIV infection including:

- Adolescent girls and young women
- Male and female sex workers
- At risk men – men who have sex with men (MSM), truck drivers, prisoners
- The HIV negative partner in sero-discordant couples
- Women in relationships with men of unknown status
- Transgender people

[4] Census report 2012

In addition, women may have increased biological and behavioural susceptibility putting them at greater risk of acquiring HIV during pregnancy, breastfeeding and the postpartum period. Pregnant and breastfeeding women who acquire HIV at this time also have a greater risk of transmitting HIV to their infants.

1.2. Combination HIV prevention in Zimbabwe

Zimbabwe employs a combination approach to HIV prevention to reduce new infections. Combination prevention refers to a systematic approach to implementing a range of HIV prevention interventions: behavioural and biomedical in synergy with structural interventions. This means that the different interventions are delivered in combination and tailored to the needs of the different individuals and population groups at risk of HIV infection. The combination approach recognizes that an individual's risk of HIV infection and their HIV prevention needs change over time.

The figure below summarises the different components of the combination HIV prevention strategy.

Figure 3: HIV combination prevention options

As new interventions and options have emerged, Zimbabwe has expanded its HIV prevention strategy to include oral pre-exposure prophylaxis (PrEP) and programming that focuses on high risk populations including adolescent girls and young women.

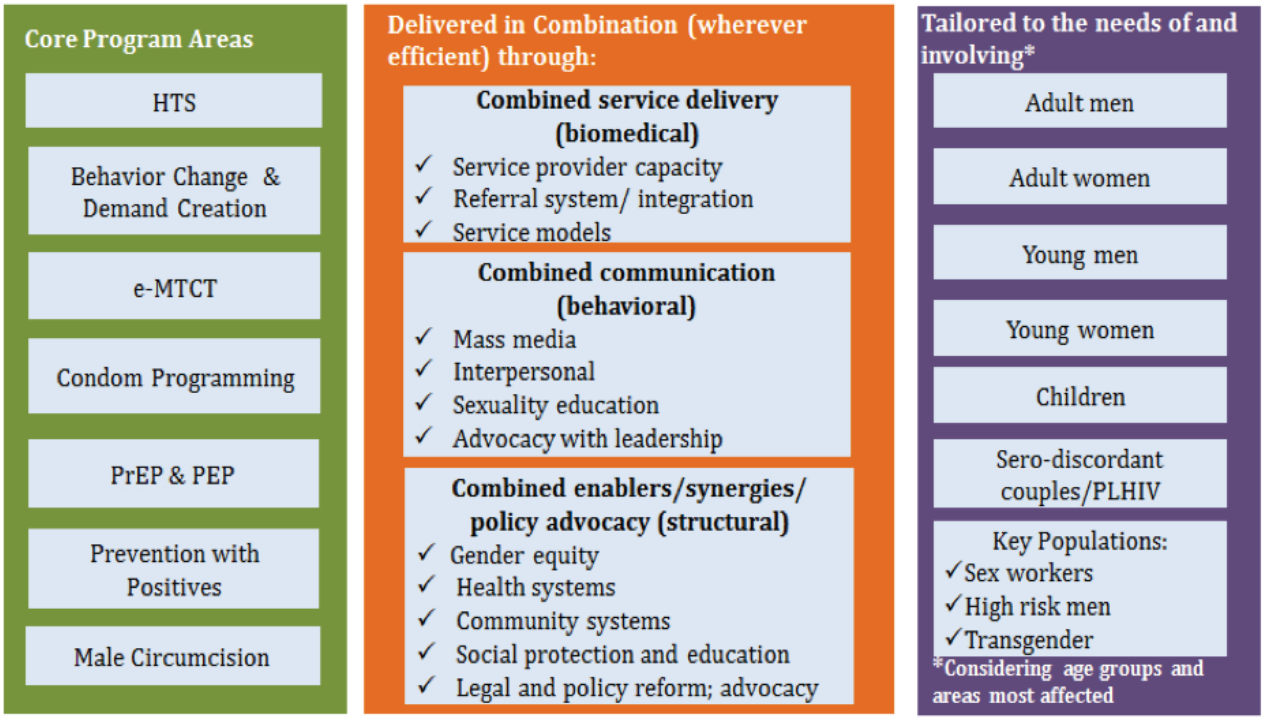


Figure 4 Core components of the combination HIV prevention package in Zimbabwe, (Adapted from Combination Prevention Strategy 2012- 2015)

The implementation of a comprehensive combination HIV prevention strategy has been successful as reflected by the steady decline in incidence. Between 2006 and 2016, the number of new HIV infections in Zimbabwe declined by more than 55% [5]

1.3. Gaps in HIV prevention in Zimbabwe

Zimbabwe aims to reduce HIV incidence among adults and adolescents by 50%: from 0.48% in 2015 to 0.24% by 2020.[6] While there has been a remarkable decline in HIV incidence to date, there is need to intensify and accelerate the implementation of strategies that have been proven to work and embrace new initiatives, for the country to realize its vision: A Zimbabwe with zero new HIV infections, zero discrimination, and zero AIDS-related deaths leading towards ending AIDS by 2030.

The table below summarizes the gaps identified and to be addressed in HIV prevention.

[5] UNAIDS Data 2017
[6] Extended Zimbabwe National HIV and AIDS Strategic Plan III (ZNASPIII), 2015 - 2020

Table 1: Summary of gaps and priority focus areas for HIV prevention (excluding PrEP) under the first key strategic direction focus of ZNASP III: Closing the tap of new HIV infections.

HIV Prevention Program Area	Identified gaps linked to HIV prevention	Priority focus areas (2015 – 2020)
HIV Testing Services (HTS)	- Low uptake of HIV testing by men, couples, key populations and of family index case testing - Lack of support and follow up services for HIV negative clients - Low knowledge of HIV status particularly among men and young people	- Targeted HIV testing and index testing for couples, adolescents and key populations in specific geographical areas - Scale up of innovative and differentiated testing models including lay and community testing, index testing and self-testing targeting populations with high yield but low testing coverage
Social Behaviour Change Communications (SBCC)	- Limited reach and coverage of men and young people - Poor linkages between SBCC and services	- SBCC strategies deliberately targeting young people and key populations as individuals in family settings - Advocacy with key leaders for men to take a leading role in addressing barriers to adoption of safer sexual practices
Male and female condoms	- Negative perception of public sector condoms - Limited uptake of female condoms - Low levels of condom use in stable partnerships - Limited availability of condoms in hotspot areas	- Rebranding and re-packaging of public sector condoms - Sustained and robust distribution of condoms to hotspot areas - Enhanced advocacy for policy to allow access to condoms for sexually active adolescents and youth - Increase awareness of female condom
Voluntary Medical Male Circumcision (VMMC)	- Low coverage of VMMC in high impact target age groups - Limited number of facilities offering VMMC	- Strengthen and roll out advocacy and communication strategy targeting leadership and communities - Use efficient models to support nationwide expansion of VMMC services
Sexually Transmitted Infections (STI)	- Inadequate capacity to provide quality STI care - Low rates of HIV testing of STI patients	- Strengthen syndromic management of STIs - Increase HIV screening among STI patients
Key populations	- Lack of strategic information including size estimation and mapping - Lack of comprehensive package of services tailored to the specific needs and lived realities of key populations - Challenging policy environment for key populations	- Undertake a size estimate and mapping of resources and investments in key populations - Advocacy for law and policy reform - Develop tailored package of services for key populations
Adolescents and young people	- Low comprehensive knowledge of and access to sexual and reproductive health (SRH) and HIV and AIDS prevention services - Inadequate youth friendly SRH services in tertiary institutions and for out of school youth - Significantly high HIV infections among young girls and women of reproductive age	- Capacity build all state entities, including the legal framework, to offer youth friendly services - Establish and strengthen already existing SBCC programs for young people using the peer approach for all sectors - Deliver age appropriate combination HIV prevention education for risk including PrEP and reproductive health services

1.4. PrEP Implementation Plan Development Process

The national TWG steered a series of consultative processes that informed the development of the National PrEP implementation plan. This included:

i. Stakeholder consultations

Consultations were conducted to solicit input from different stakeholders including policy makers in the MOHCC, technical and implementing partners as well as organizations involved in the implementation of the PrEP demonstration and research studies and the PrEP users. The stakeholder consultative processes included key informant interviews, SWOT analysis (annex A) and a series of workshops. The draft plan was also reviewed by members of the PrEP TWG.

ii. Site readiness assessments

A sample of 18 public and private health facilities in six districts across five provinces in the country were assessed to identify health system enablers and facility-level gaps to be addressed before oral PrEP can be rolled out. The assessment focused on five areas:

- Availability of minimum complementary HIV prevention and treatment services already offered at the facility;
- Human resources: gaps and opportunities in health care worker (HCW) training in rela tion to oral PrEP services
- Patient overview: Understand client profile and testing volumes at sites to estimate potential oral PrEP uptake.
- Drugs and lab management: Determine site capacity to provide required and recom mended tests as well as stock management for oral PrEP drugs.
- Other: identify any other issues that may affect site readiness to offer oral PrEP including the presence of high risk populations among facility clientele and HCW reported gaps and opportunities in HIV prevention services.

The site assessment tool has since been updated for use in general Oral PrEP roll-out (Annex C).

iii. Community dialogues with potential PrEP end users

A total of 21 dialogues were conducted with potential PrEP users from both urban and rural communities in 8 of the 10 provinces in the country. Dialogue participants included adult men and women, influential and opinion leaders, AGYW, ABYM, students in tertiary institutions, pregnant and lactating women, sex workers, MSM and other members of the LGBT community. The main objective of the community dialogues was to explore and understand communi-ty-level perceptions about oral PrEP, identify potential facilitators and barriers to uptake and use of oral PrEP as a new HIV prevention intervention in Zimbabwe.

iv. Health worker knowledge, attitudes and practices survey

A survey was conducted to explore healthcare providers' knowledge, attitudes and practices on PrEP drawing on their experiences delivering PrEP services or other reproductive health and HIV services. Specifically, the survey aimed to evaluate healthcare providers' familiarity with the content of the national HIV guidelines, knowledge about PrEP effectiveness and safety; to understand the practices and experiences of healthcare providers in providing PrEP and other HIV and reproductive health services for AGYW and to seek the views of healthcare providers on feasible and acceptable service delivery norms for PrEP.

2.0 PRE-EXPOSURE PROPHYLAXIS FOR HIV PREVENTION

In 2015, the World Health Organization (WHO) recommended that oral pre-exposure prophylaxis (PrEP) containing Tenofovir (TDF) based regimens should be offered as an additional choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches.[7] PrEP is the use of antiretroviral (ARV) drugs before HIV exposure by people who are not infected with HIV in order to prevent the acquisition of HIV. In addition to the oral ARV-based PrEP, other types of PrEP for HIV are currently being investigated globally and regionally including a long acting injectable PrEP, microbicides, and different types of vaccines.

Oral PrEP taken daily during periods of substantial risk of HIV infection, is a highly-effective prevention strategy, and can reduce the risk of acquisition of HIV through sexual intercourse by more than 90%.[8] The level of protection provided by oral PrEP does not differ by age, sex, or mode of acquiring HIV - rectal, penile or vaginal exposure; however, the level of protection is strongly correlated with adherence. High adherence to oral PrEP results in a high level of protection from HIV infection whereas suboptimal adherence does not offer the expected protective benefits.

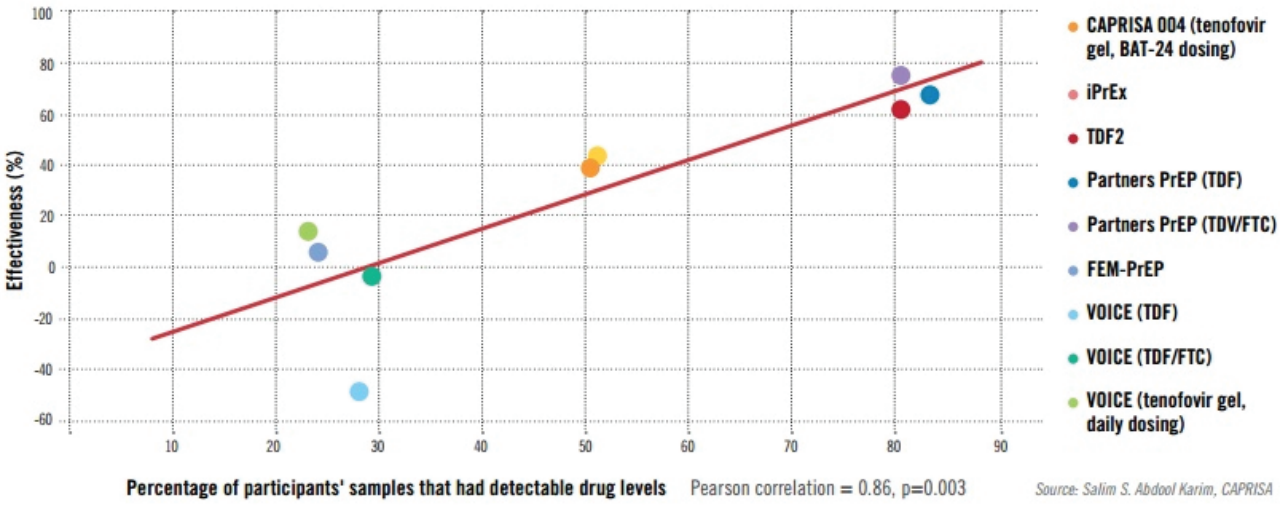


Figure 5 Effectiveness and adherence in trials of oral and topical Tenofovir based prevention

The WHO defines substantial risk of HIV infection as HIV incidence around 3 per 100 person-years or higher in the absence of oral PrEP. This high level of HIV incidence has been identified among some groups of MSM, transgender women in many settings, sex workers and heterosexual men and women who have sexual partners with undiagnosed or untreated HIV infection. Individual risk varies within groups at substantial risk, depending on behaviour and the characteristics of sexual partners.

[7] WHO expands recommendation on oral pre-exposure prophylaxis of HIV infection, 2015
[8] Center for Disease Control and Prevention, 2016

In 2016, the ***Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe*** were updated to include oral PrEP as an additional prevention option for individuals at high risk of HIV infection. The regimens recommended for daily oral PrEP are:

1. Tenofovir Disoproxil Fumarate/ Emtricitabine (TDF/FTC)
2. Tenofovir Disoproxil Fumarate/ Lamivudine (TDF/3TC)

Prioritizing PrEP for individuals at high risk of HIV infection is expected to be the most cost-effective approach to PrEP roll-out. For program sustainability and in line with the combination prevention approach, PrEP will be offered as part of a package of prevention options and services including correct and consistent use of male and female condoms, VMMC, and risk reduction education and counselling.

2.1. Implementation considerations for PrEP

The implementation of PrEP has been demonstrated to be feasible for different population groups in different settings outside clinical trial settings. However, there are significant concerns about implementing PrEP. PrEP reaches maximum efficacy in preventing HIV infection with high levels of adherence. However, reaching prevention – effective levels of adherence may be particularly challenging for populations that may benefit the most from oral PrEP. Other challenges and considerations in PrEP implementation are related to the restrictive legal environment for key and other populations which limits the rights and social support for people at substantial risk for HIV.

PrEP implementation is designed not to displace or threaten effective and well-established HIV prevention interventions, such as condom programming and harm reduction. Instead, PrEP will be integrated into existing HIV prevention programming and delivered together with other HIV prevention and sexual and reproductive health options. PrEP will be promoted as a positive choice among people for whom it is suitable during the periods of substantial risk in their lives.

2.2. PrEP Implementation Experiences in Zimbabwe

The feasibility of oral PrEP implementation in Zimbabwe has been proven in ongoing and completed demonstration projects and clinical trials. The following table summarizes ongoing PrEP projects in Zimbabwe from which insights were drawn in the development of this implementation plan.

Table 2: Summary of demonstration projects, studies, and clinical trials of oral PrEP in Zimbabwe, PrEP Landscape Analysis 2017

Project	Implementing Partners	Description
DREAMS	PSI	Partnership to reduce HIV incidence among AGYW; extends beyond health sector to address poverty, gender inequality, sexual violence, lack of education; PrEP implementation component included. PrEP implementation was extended beyond AGYW to cater for other individuals at high risk
EMOTION	IDEO, Abt, RTI, CAPRISA	Project to identify strategies to increase uptake and correct/consistent use of ARV-based prevention products by women at high-risk of HIV infection using an end-user centered strategy
GEMS	FHI 360, BARC South Africa, University College London, SCHARP	Project to inform policies and define programmatic considerations related to use of ARV-based prevention products and resistance risk
HPTN 082	University of Zimbabwe, University of Cape Town, Desmond Tutu HIV Foundation	Project to evaluate daily oral PrEP as a primary prevention strategy for young African women
IMPAACT 2009	IMPAACT	Project to study pharmacokinetics, feasibility, acceptability and safety of oral PrEP for primary HIV prevention during pregnancy and breast feeding in adolescents and young women
IPM 045 / MTN 034		Project to evaluate use of the Dapivirine ring and oral PrEP, each for a period of 6 months of use, to collect data on safety, adherence, and acceptability
SAPPH-IRe	CESSHAR, University College London, LSHTM, RTI	Project to enhance HIV treatment and prevention among highway-based sex workers at 7 sites by increasing uptake and frequency of testing, demonstrating the acceptability and feasibility of delivering oral PrEP, and maximizing retention in care.
PrEP Learning Sites – Facility & Client Study	Ministry of Health and Child Care, Clinton Health Access Initiative, Zimbabwe National Family Planning Council	The study aims to assess the supply chain management, clinic staff readiness, and M&E processes required to prepare a site to integrate oral PrEP into current HIV prevention services in the public sector. The sub-study seeks to understand client-level barriers and facilitators for PrEP uptake and continued use

By the end of 2017, a total of 3,073 clients were initiated on PrEP in Zimbabwe.

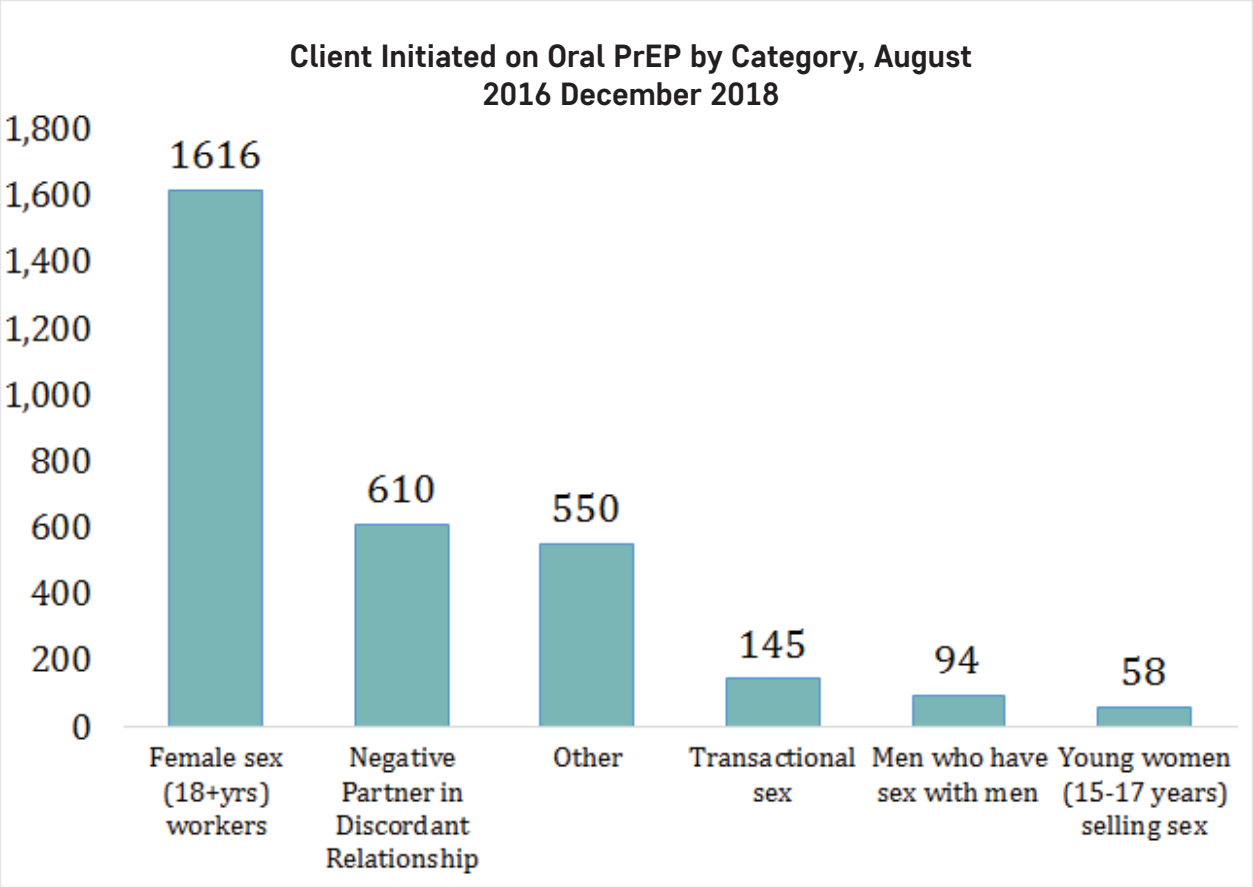
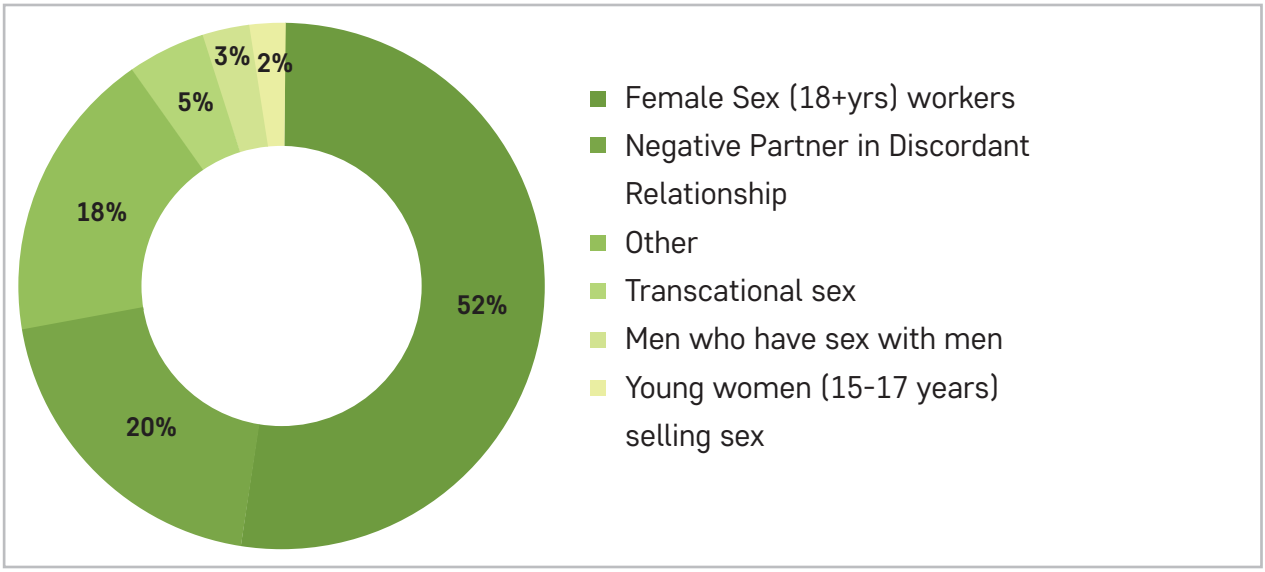


Figure 6: Clients initiated on Oral PrEP in Zimbabwe by Category, August 2016-August 2017

'Other' includes individuals who are not part of the other key population groups listed such as transgender clients, married or single people in relationships that put them at risk of HIV infection, people in relationships with partners of unknown HIV status and women in abusive relationships.

Ninety Percent (90%) of the clients initiated on PrEP were females, with the majority of them in the 25-49 years age group. The majority (52%) of the clients initiated on PrEP are female sex workers.

By the end of 2017, a total of 3,073 clients were initiated on PrEP in Zimbabwe.



The clients were initiated on PrEP through various initiatives including the DREAMS program, targeting adolescent girls and young women, and general roll-out at select New Start Centres as well as ZNFPC clinics. Wilkins Infectious Diseases Hospital has also been delivering PrEP in a public sector setting with a focus on key populations while DREAMS targeted AGYW. PrEP was also offered to anyone at high risk through PSI New Start Centres.

Retention on PrEP ranged from 44% at the first month visit to 12% at in the third month. The main reasons reported for stopping PrEP included:

- The client was no longer perceived to be at risk
- Relocation to a town/city with no PrEP services available
- Side effects – nausea, hypersensitivity rash
- Challenges with adherence to a daily regimen
- Too busy to take PrEP
- Fear that their partner would think drugs are for ART and hence assume they are HIV-positive

The following recommendations were drawn from the lessons learnt from the above sites and have been considered in the development of the implementation plan:

- Capacity building for service providers and facility managers through training, peer learning and mentorship
- Strengthening counselling on risk reduction and adherence to PrEP
- Addressing the knowledge gap about PrEP in the general population through different IEC channels
- Raising awareness to increase risk perception, especially among adolescent girls and young women
- Decentralising PrEP services to improve access
- Strengthening follow up and linkage to other health services
- Strengthening combination HIV prevention and ensure access to HIV testing services and correct and consistent use of condoms by PrEP clients

The phased roll out of PrEP will take lessons learned from implementation to date, with a focus on increasing access and strengthening adherence support services. Ensuring that individuals take PrEP consistently and correctly while at high risk of HIV infection, and are supported in reducing their risk and successfully transitioning to other highly effective and sustainable HIV prevention options will be an important implementation consideration.

3.0 GOAL, OBJECTIVES AND OUTPUTS OF THE PRE-EXPOSURE PROPHYAXIS PLAN IN ZIMBABWE

3.1 Vision
A Zimbabwe with zero new infections, zero discrimination and zero AIDS related deaths leading towards ending AIDS by 2030.

3.2 Goal
To provide oral PrEP as part of a combination HIV prevention approach, to people at high risk of HIV infection between 2018 and 2020 in order to contribute to the reduction of HIV incidence in Zimbabwe from 0.48% in 2016 to 0.24% in 2020.

3.3 Mission
To provide client-centred, equitable, appropriate, accessible, affordable and acceptable oral PrEP as part of combination HIV prevention in Zimbabwe.

3.4 Outcome
Increased access to pre-exposure prophylaxis among population groups and individuals that are at high risk of HIV infection.

3.5 Objectives
1. Strengthen coordination and management structures for PrEP.
2. Increase the number of public and private facilities providing PrEP
3. Equip health care workers with adequate knowledge and skills to provide PrEP.
4. Ensure continuous availability of safe medicines and associated lab monitoring tests for PrEP
5. Increase awareness of and demand for PrEP
6. Strengthen the generation, coordination, and implementation of strategic information for PrEP

3.6 National oral PrEP targets
In the absence of extensive national level data on oral PrEP uptake and prevention- effective adherence, the MOHCC undertook a target setting exercise that leveraged historical HIV testing data, information from ongoing local demonstration projects, and the latest census population data to calculate targets.

National targets were calculated using a top down approach. The first step was to calculate the population eligible for PrEP by applying national HIV and key population estimates as well estimates from analyses of the 2015 Zimbabwe Demographic Health Survey (ZDHS) to the latest census data. Program data from ongoing demonstration projects and studies was then used to estimate the proportion of the eligible population accessing HIV services and accepting PrEP to set district level targets which were aggregated to national targets.

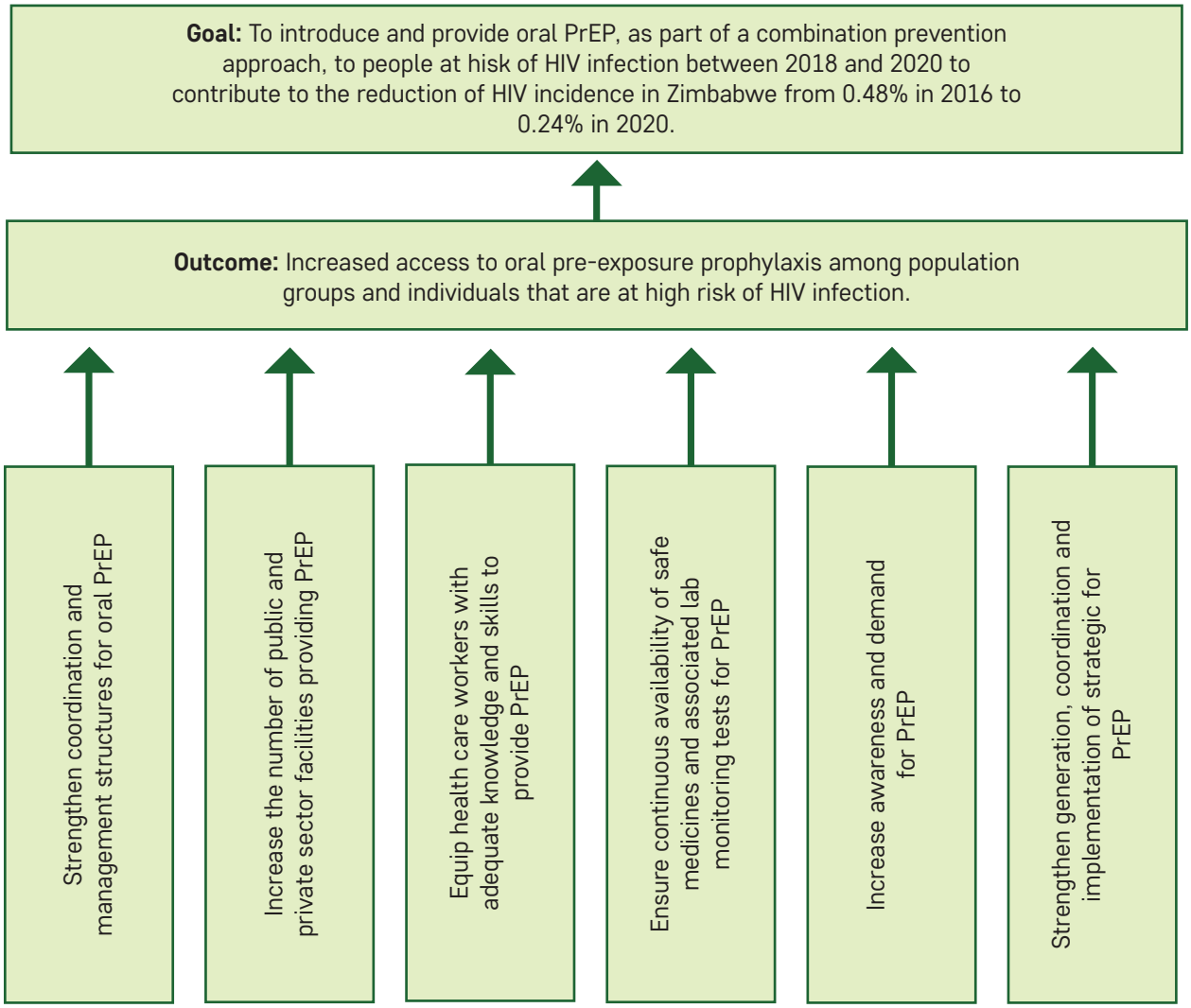
Extensive roll out of PrEP will be phased beginning with all district hospitals in the first year followed by additional facilites in year two and three based on district HIV incidence ranking and hot spot mapping. See Appendix B for the district categorization for roll-out to additional facilities.

Table below shows the annual targets for the number of people on PrEP including new initiations, those continuing from the past year, and re-initiations. As more national information on PrEP uptake becomes available, these targets may be reviewed to reflect available evidence and to better align with programming realities ensuring that PrEP contributes to a decline in HIV incidence.

Table 3: National oral PrEP targets, 2018 - 2020

POPULATION GROUP	2018	2019	2020
Female Sex Workers (FSW)	4,313	4,357	4,400
Sero-discordant couples (SDC)	2,674	2,474	2,475
Men who have sex with men (MSM)	1,969	1,949	1,969
Adolescent girls (15 – 19 years old)	1,013	1,023	1,034
Young Women (20-24 years old)	645	652	658
Totals	**10,576**	**10,455**	**10,536**

The diagram below summarizes the goal, outcome, and objectives forming the PrEP implementation framework.



3.7 Main implementation assumptions

• PrEP will be promoted and implemented as an additional HIV prevention option for individuals at substantial risk to prevent the acquisition of HIV in the context of combination HIV prevention strategies and revitalization of HIV prevention in Zimbabwe.
• PrEP implementation is assumed to be in line with the national guidelines on required and recommended tests, regimens, and client visit schedule.
• PrEP will primarily be delivered through the existing health delivery system platform, without creating parallel processes.

3.8 Guiding principles for PrEP

Central to the core principles of PrEP is client centeredness: PrEP should be provided in a manner that is respectful and responsive to the needs of the client. PrEP is an additional HIV prevention choice and should be offered alongside and not replace or undermine other effective and well-established HIV prevention interventions.

Table 4: Definition of the Guiding Principles for Implementing PrEP in Zimbabwe

Key Principle	Definition
Effective	PrEP that adheres to an evidence base and results in improved health outcomes for individuals and communities, based on need
Efficient	Delivering PrEP in a manner that maximizes resource use and avoids waste
Accessible	Delivering PrEP that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need. Access to PrEP should be unrestricted by geographic, economic, social, organization or linguistic barriers
Acceptable/ patient centered	Delivering PrEP in a manner that takes into account the preferences and aspirations of individual users and the cultures of their communities
Equitable	Delivering PrEP that does not vary in quality by personal characteristics, such as gender, race, ethnicity, geographical location, or socioeconomic status
Safe	Delivering PrEP that minimizes risks and harm to users
Continuity of services	Consistent and appropriate delivery of PrEP at site level, appropriate and timely referral and, communication between providers
Interpersonal relations	Trust, respect, confidentiality, courtesy, responsiveness, empathy, effective listening, and communication between providers and clients
Choice	As appropriate and feasible, client choice of provider, prevention options, and delivery facility

4.0 IMPLEMENTING ORAL PRE-EXPOSURE PROPHYLAXIS FOR HIV PREVENTION

4.1 Overview of implementation objectives and sub-objectives

Objective 1: Strengthened coordination and management systems for integrated PrEP

1.1. Establish PrEP coordination systems as part of comprehensive HIV prevention coordination units at national levels
1.2. Mobilize and track resources for PrEP
1.3. Advocate for a favourable policy environment to support PrEP implementation

The introduction and roll-out of PrEP provides an opportunity to accelerate the revitalization of HIV prevention. Coordination and management will focus on integrating PrEP into existing systems for combination HIV prevention without developing parallel structures. The PrEP technical working group (TWG) will continue to provide technical guidance to the MoHCC to optimize the introduction, promotion, and integration of PrEP as an additional HIV prevention option in both the public and private sector (see Appendix C for the estimated per person cost of PrEP delivery).

Momentum for PrEP as a new prevention product will be leveraged to mobilize resources for the implementation and promotion of combination prevention strategies – including condoms, VMMC, and behaviour change - at national and sub-national levels. Recognizing that populations at high risk of HIV infection face barriers to accessing services beginning at policy level, advocacy will be conducted among society leaders and policy makers to create a favourable policy environment for the provision of PrEP where it will have the highest impact on reducing HIV incidence. A national level HIV prevention officer will facilitate the achievement of PrEP implementation objectives under the guidance of the National HIV Prevention Co-ordinator.

Objective 2: Increase the number of public and private facilities providing PrEP

2.1. Identify facilities with clients at high risk of HIV to offer PrEP
2.2. Equip private sector facilities to offer PrEP

Access to PrEP in Zimbabwe will be increased beyond current demonstration projects through phased facility roll-out with an initial focus on districts with high incidence. Because PrEP is recommended for those at high risk of HIV infection, implementation will focus on targeted introduction of oral PrEP to facilities already serving key populations and others at substantial risk. Facilities in hot spot areas and serving key populations will be assessed to identify resources required for these facilities to provide PrEP as part of combination HIV prevention services.

Any facility currently providing ART will be eligible to offer PrEP, particularly to the HIV-negative partner in sero-discordant couples, without prior assessment. Facilities will be capacitated to provide oral PrEP through service delivery models suitable for their context and populations, standard operating procedures and monitoring and evaluation tools. The MoHCC will promote expanded access to PrEP through sensitization of private sector providers in a wide network of private health facilities.

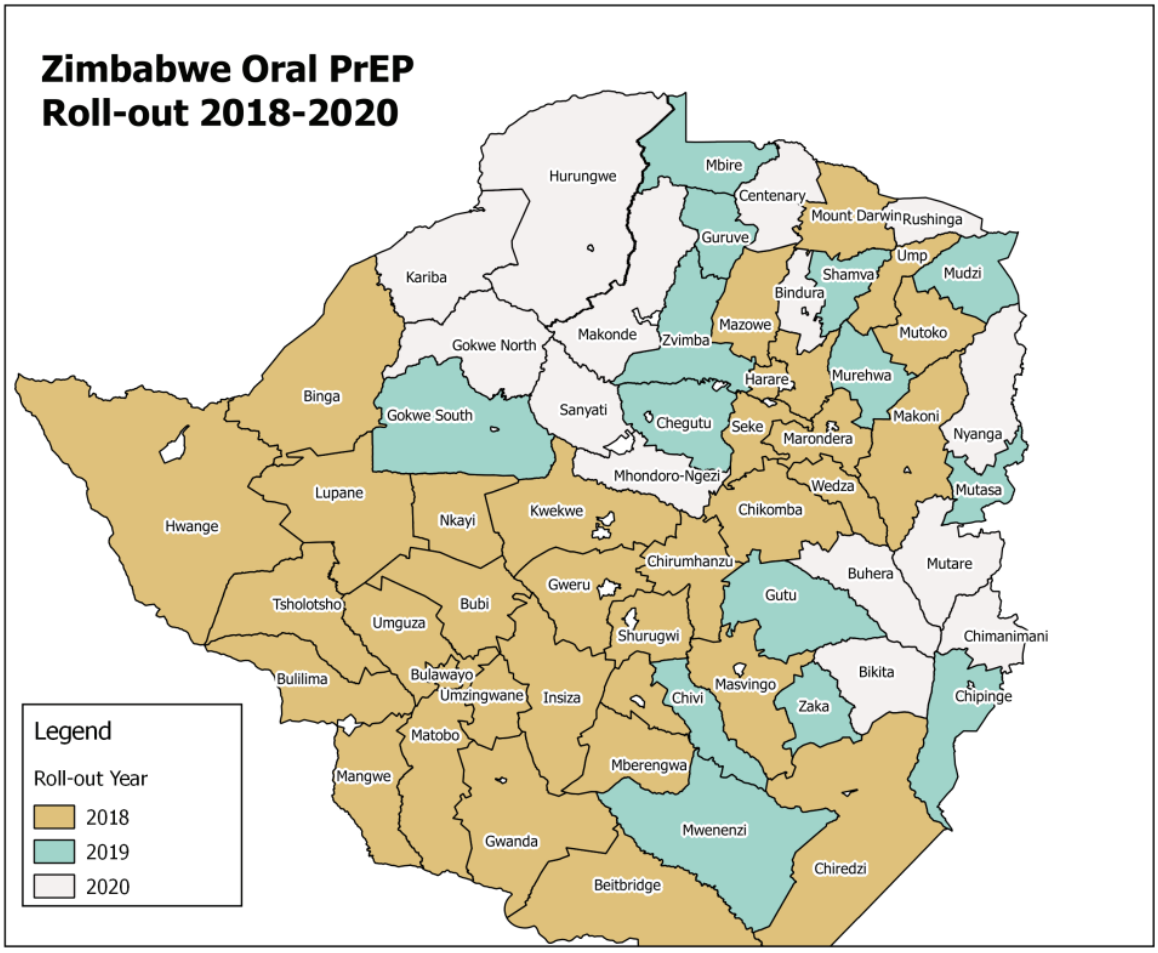


Figure 8: Oral PrEP Roll-out by district in Zimbabwe 2018-2020

Objective 3: Equip health care workers with adequate knowledge and skills to provide PrEP

3.1. Develop materials to train health care workers on PrEP delivery
3.2. Sensitize and train health care workers on PrEP delivery

Healthcare workers will be capacitated to provide PrEP through trainings contextualizing oral PrEP as part of combination prevention beginning in facilities within hot spot areas. In order to fully equip health care workers to provide comprehensive HIV prevention services, PrEP trainings will be integrated into trainings for other HIV prevention interventions where possible. PrEP has already been included in the HIV Integrated Training (HIT), the national Operational and Service Delivery Manual (OSDM), and the 2018 HIV job aide. The successful decentralization of ART services and the wide coverage of healthcare workers trained and experienced in HIV management with ART will serve as a distinct advantage in PrEP roll out. Those completing HIT prior to the inclusion of the PrEP module and in hotspot areas will receive additional training for PrEP. Clinical mentorship will be an additional method for equipping healthcare workers at all levels to provide PrEP to those at high risk of HIV infection.

Objective 4: Ensure continuous availability of safe medicines and associated lab monitoring tests for PrEP

4.1. Maintain a consistent supply of PrEP medicines and laboratory monitoring services
4.2. Ensure quality and safety of ARVs for PrEP

Zimbabwe already has a strong supply chain management and laboratory system which will facilitate the rapid introduction of oral PrEP. PrEP will be integrated into existing supply chain and pharmacovigilance systems for ARVs which include quantification and forecasting, procurement planning and monitoring of uptake. As more data becomes available on PrEP uptake and the duration and cycle of PrEP use, it will be used to refine assumptions for forecasting and procurement. Like other ARVs already in the market, PrEP will be integrated into existing and ongoing post-market surveillance activities.

Figure 9: New HIV Product Introduction Guide, CHAI 2017

Every facility providing oral PrEP must be enrolled in an external quality assurance program for HIV testing; this is because it is critical for PrEP users to receive regular high quality HIV testing services to ensure that they are HIV negative and to detect any sero-conversion as soon as it occurs.

All PrEP users are required to have a baseline and regular HIV tests administered by a healthcare worker. Creatinine testing is required for PrEP users with uncontrolled hypertension or diabetes. Currently creatinine testing is only available through the central laboratory as well as provincial and district hospitals in the public sector. While clients initiating at provincial and district hospitals may have access to creatinine testing, lack of creatinine testing at lower-level facilities must not hinder PrEP initiation in the absence of pre-existing renal conditions.

All other tests in the table below are recommended but not required, and their absence should not be a barrier to accessing PrEP for those at substantial risk of HIV infection.

Table 5: Summary of required and recommended test for PrEP users according to Zimbabwe's 2016 national HIV prevention and treatment guidelines

Laboratory investigation/test	Timing/frequency	Rationale
HIV test	At baseline, after 1 month and every 3 months (required)	Assessment of HIV infection status Symptom checklist for possible acute HIV infection
Serum creatinine	At baseline and every 6 months where available and required if there is a history of conditions affecting the kidney	To identify pre-existing estimated creatinine clearance less than 60 ml/min.
Hepatitis B surface antigen (HBsAg)	At baseline, if available	To identify undiagnosed current hepatitis B (HBV) infection If negative, consider vaccination against hepatitis B.
Hepatitis C antibody	At baseline, where available and consider testing MSM every 12 months.	If positive, consider HCV treatment
Rapid Syphilis Test	At baseline if available	To diagnose and treat syphilis infection
Pregnancy testing	At baseline Pregnancy is not a contraindication for PrEP use	To guide antenatal care, contraceptive and safer conception counselling, and to assess risk of maternal to child transmission.

Objective 5: Increase awareness and demand for PrEP

5.1. Increase awareness of PrEP in the general population
5.2. Promote use of PrEP among people at high risk of HIV infection
5.3. Promote the use of PrEP among people at increased risk of HIV infection

Awareness and demand creation activities will aim to educate and inform potential users and a variety of stakeholders about how PrEP works and its benefits. PrEP information will be disseminated through mass and social media while PrEP education will be conducted at community level in order to create a conducive and supportive environment for PrEP users from vulnerable groups.

Community level awareness and demand activities will have a special focus on peer educators and PrEP champions to promote PrEP use and prevention-effective adherence among those at substantial risk of HIV infection. PrEP champions and peer educators should have good interpersonal and communication skills to provide basic information about PrEP and other prevention options as well as adherence strategies. Demand creation messages will position PrEP as a responsible choice for individuals, their partners and the community in order to promote use and minimize stigma.

Objective 6: Strengthen generation, coordination, and use of strategic information for PrEP

6.1. Implement an integrated monitoring and evaluation system for PrEP
6.2. Conduct evaluation and research to inform and improve PrEP programming

Strategic information on PrEP will be collected to inform policy and programme decisions with the overall goal of optimizing program efficiency and maximizing benefits for individuals at high risk of HIV infection. PrEP Monitoring and Evaluation (M&E) indicators will be included in existing tools where possible, otherwise new tools will be developed as required. Routine monitoring with standard tools will ensure that PrEP use is tracked to inform quantification and program decision-making. Table 6 below shows the monitoring and evaluation framework for PrEP implementation.

Mid-term and final process evaluations will be conducted to assess progress and to identify areas for improvement or adjustments in PrEP implementation. A modelling exercise will be conducted to project the impact and cost implications of PrEP as part of HIV combination prevention on HIV incidence.

Operational research and implementation science will continue to be important aspects of PrEP roll out with outputs being used to inform ongoing program planning and review. While general operational research is useful, specific areas for research on PrEP have been identified that would provide more information to address existing implementation questions:

- Development and validation of an HIV risk scoring assessment tool to strengthen identification of PrEP clients
- Evaluation of PrEP client experiences (perceptions, acceptability and satisfaction)
- Evaluation of health care worker knowledge, attitude, and perception of PrEP
- Reasons for low adherence on PrEP among clients at high risk of HIV infection
- Piloting and evaluation of PrEP adherence interventions

Table 6: PrEP Implementation Monitoring & Evaluation Framework, 2018 - 2020

Objective	Indicators	Baseline (2017)	Target			Source	Notes
			2018	2019	2020		
1. Strengthen coordination and management structures for oral PrEP	Number of national PrEP technical working group meetings conducted	4	4	4	4	TWG meeting report/minutes	Additional TWG or sub-committee meetings will be conducted based on need
	Number of review and planning meetings conducted that included PrEP on the agenda at national and provincial level	1	4	4	4	Review meeting reports; annual provincial/national plans	
	Number of integrated provincial and district HIV support and supervision visits conducted that include oral PrEP	0	4	4	4	Meeting reports	Tools for support and supervision should be updated to include PrEP
2. Increase the number of public and private sector facilities providing PrEP	Number of public facilities providing PrEP	3	62	110	144	Monthly return forms	
	Number of private sector facilities providing PrEP	6	10			PrEP user data submitted by private sector	

Objective	Indicators	Baseline (2017)	Target			Source	Notes
			2018	2019	2020		
	Number of facilities assessed to provide PrEP	18	62	48	34	Site readiness assessment reports	
3. Equip health care workers with adequate knowledge and skills to provide PrEP	Number of health workers trained to provide PrEP (including M & E)	38	1550	1200	850	Training reports	Different models of training will be used in line with the national strategy
	Proportion of trained health workers who passed the post test	95%	100%	100%	100%	Training reports	
	Number of health workers mentored on PrEP	N/A	279	284	315	Mentorship reports	At least 90% of those trained mentored
4. Ensure continuous availability of safe medicines and associated lab monitoring tests for PrEP	Proportion of service delivery points reporting no stock out of oral PrEP medicines in past 6 months	N/A	100%	100%	100%		
	Proportion of patients who seroconverted whilst on PrEP	N/A	0%	0%	0%	PrEP client	
	Number and proportion of PrEP users who had a baseline HIV test	100%	100%	100%	100%	PrEP client	
	Number and proportion of PrEP users who had follow up HIV test (3 monthly)	100%	100%	100%	100%	PrEP client	
	Number of PrEP users who had serum creatinine assessed at baseline	N/A	30%	45%	60%	PrEP client	

Objective	Indicators	Baseline (2017)	Target			Source	Notes
			2018	2019	2020		
	Proportion of PrEP clients who sero-converted who have HIV drug resistant strains	N/A	0%	0%	0%		
5. Increase awareness and demand for oral PrEP	Number of people on PrEP	3,073	10,576	10,455	10,536		
	Proportion of clients retained on PrEP at 1 month (follow-up 1)	44%	55%	65%	80%	Monthly return client results	
	Proportion of clients on PrEP at 4 month visit (follow-up 2)	12%	33%	45%	65%	Client analysis results	
	Number and proportion of Oral PrEP users who received risk assessment at the last visit	N/A	100%	100%	100%	PrEP Client	
6. Strengthen the generation, coordination, and implementation of strategic information for PrEP	Proportion of facilities with standard M&E tools available (in a given period of assessment)	N/A	100%	100%	100%		
	Proportion of facilities providing PrEP reporting		100%	100%	100%	Monthly return forms, Annual PrEP landscaping	
	Number of operations research studies on PrEP conducted	2	5	3	3	Study Results	

5.0 FINANCING THE IMPLEMENTATION PLAN FOR HIV PRE-EXPOSURE PROPHYLAXIS

The National Implementation Plan for Pre-Exposure Prophylaxis 2018-2020 is estimated to cost US$4,115,834

Table 7 Cost of implementing PrEP by category 2018-2020

COST OF IMPLEMENTING ORAL PREP IN ZIMBABWE 2018-2020				
	2018	2019	2020	TOTAL
Total cost of IP	$ 1,967,041	$ 1,056,959	$ 1,091,835	**$ 4,115,834**
Cost per initiation	$ 186.00	$ 101.09	$ 103.63	**$ 130.38**

COST BY OBJECTIVE	2018	2019	2020	TOTAL
Objective 1: Strengthen coordination and management structures for PrEP	$ 98,823	$ 21,864	$ 21,864	$ 142,552
Objective 2: Increase the number of public and private sector facilities providing PrEP	$ 41,962	$ 41,962	$ 41,962	$ 125,885
Objective 3. Equip health care workers with adequate knowledge and skills to provide PrEP	$ 280,640	$ 26,980	$ 19,840	$ 327,460
Objective 4. Ensure continuous availability of safe medicines and associated lab monitoring tests for PrEP	$ 462,712	$ 457,458	$ 460,997	$ 1,381,167
Objective 5. Increase awareness and demand for PrEP	$ 991,201	$ 438,384	$ 461,512	$ 1,891,097
Objective 6. Strengthen the generation, coordination, and use of strategic information for PrEP	$ 91,703	$ 70,311	$ 85,660	$ 247,673
TOTAL	**$ 1,967,041**	**$ 1,056,959**	**$ 1,091,835**	**$ 4,115,834**

COST BY CATEGORY	2018	2019	2020	TOTAL
Policy planning and dissemination	$ 80,610	$ 2,460	$ 2,460	$ 85,530
National Administration and Coordination	$ 61,295	$ 62,486	$ 62,486	$ 186,267
Communication and Demand Generation	$ 915,065	$ 327,360	$ 327,360	$ 1,569,785
Training and capacity building	$ 356,776	$ 138,004	$ 153,992	$ 648,772
Laboratory Monitoring (creatinine and HIV DR)	$ 12,341	$ 12,200	$ 12,295	$ 36,836
PrEP drug procurement and supply chain management	$ 449,251	$ 444,138	$ 447,582	$ 1,340,971
Research, Monitoring and Evaluation	$ 85,953	$ 65,711	$ 72,435	$ 224,098
Technical Assistance	$ 5,750	$ 4,600	$ 13,225	$ 23,575
TOTAL	**$ 1,967,041**	**$ 1,056,959**	**$ 1,091,835**	**$ 4,115,834**

As shown figure 10 and 11 below, the highest estimated annual costs are in year one. The major cost drivers are communication and demand creation (38%); procurement of medicines and supply chain management (33%) and training and capacity building for health workers (16%).

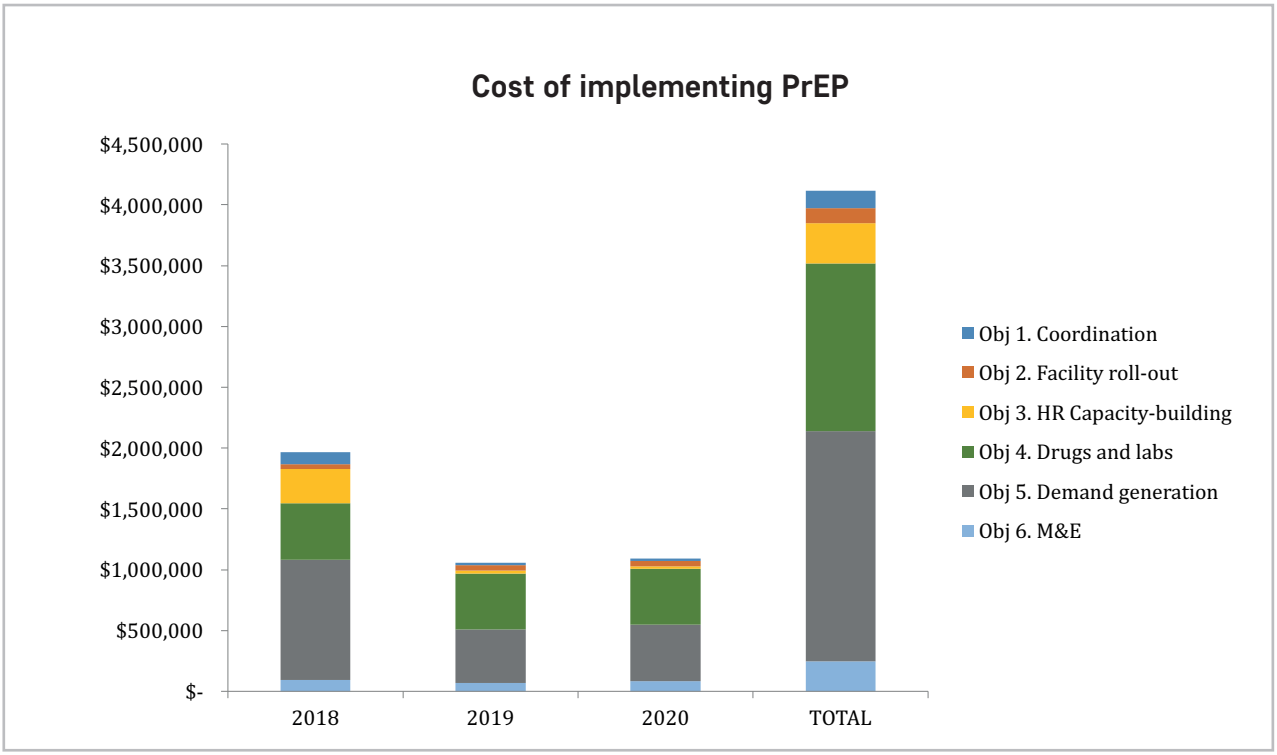


Figure 10: Cost of implementing PrEP by category 2018-2020

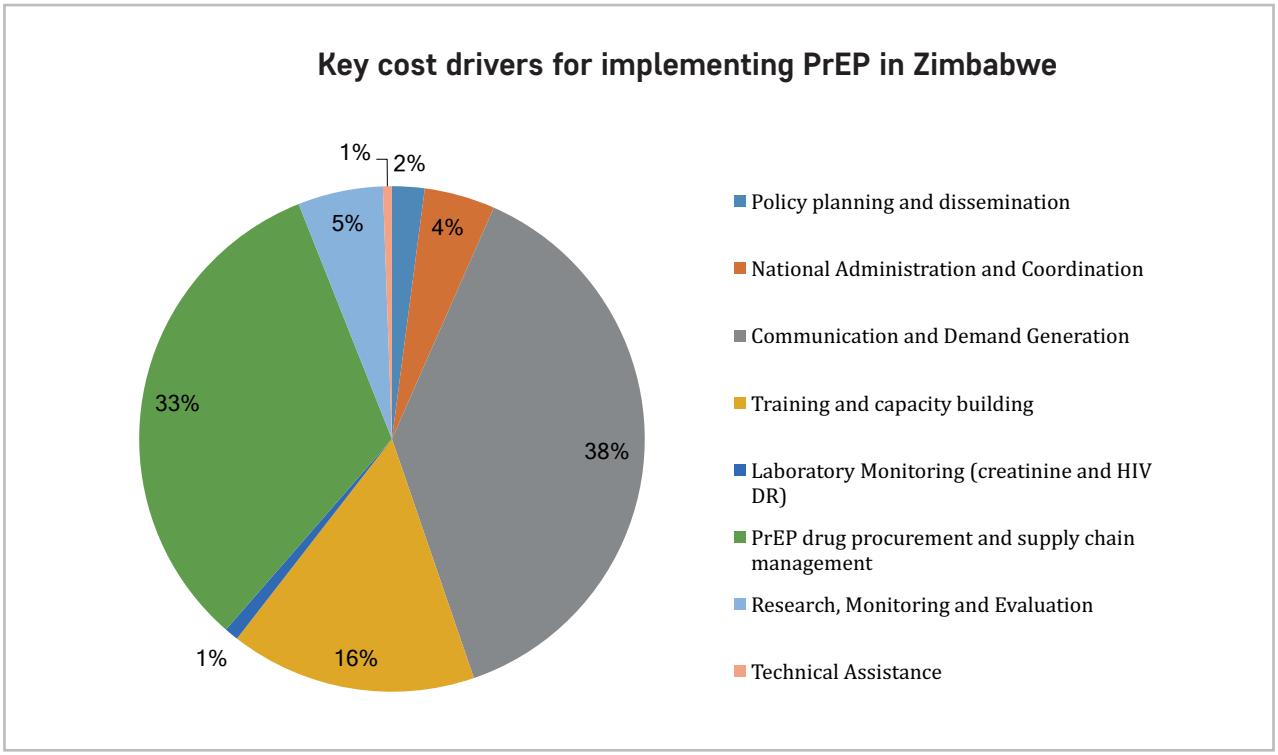


Figure 11: Key cost drivers for implementing PrEP in Zimbabwe

5.1 COSTED ORAL PRE-EXPOSURE PROPHYLAXIS IMPLEMENTATION PLAN 2018-2020

Sub-objectives	Activities	National	Provincial	District	Budget assumptions	Indicator/target	Unit cost	Cost unit	Cost Category	Annual Quantity			Quarter (2018)				Annual Cost			Total Cost
										2018	2019	2020	1st	2nd	3rd	4th	2018	2019	2020	
OBJECTIVE 1: STRENGTHEN COORDINATION AND MANAGEMENT STRUCTURES FOR PREP																	$98,823	$21,864	$21,864	$142,552
1.1. Establish PrEP coordination structures at national level	1.1.1. Conduct a PrEP implementation plan launch	X	X	X	One full day (2 nights) national meeting with 200 representatives; 40 from provincial and district level	200 stakeholders from public sector (national, provincial, district), implementing and technical partners, and private sector governing/coordinating bodies, and medical aid societies	$13,400	per meeting	Policy planning and dissemination	1	0	0	X				$13,400	$ -	$ -	$13,400
	1.1.2. Print and disseminate the PrEP Implementation plan	X	X	X	Implementation plan disseminated at launch	5,000 plans printed and disseminated	$ 10	per implementation plan	Policy planning and dissemination	5,000	0	0	X				$50,000	$ -	$ -	$50,000
	1.1.3. Conduct a review and planning meeting for PrEP	X	X	X	PrEP review and planning meeting for 2 days (3 nights), 50 participants of which 20 are provincial and district representatives	One meeting in 2018; 50 attendees	$ 8,500	One PrEP review and planning meeting	Policy planning and dissemination	1	0	0	X				$8,500	$ -	$ -	$8,500
	1.1.4. Conduct Quarterly National PrEP and key population TWG meetings	X			TWG has already been formed. Half day meeting for 30 PrEP and Key population stakeholders at Ministry of Health	4 PrEP and Key Populations TWG meetings per year	$ 420	per TWG meeting	National Administration and Coordination	4	4	4	X	X	X	X	$1,680	$1,680	$1,680	$ 5,040
	1.1.5. Expand representation in the PrEP Technical Working Group (TWG) to include private	X			MOH invites private sector coordinating and governing bodies and medical insurance (no additional cost)	At least 5 representatives from private sector governing/coordinating bodies and/or medical aid societies joining the TWG	$ -		National Administration and Coordination	X	X	X	X	X			$ -	$ -	$ -	$ -

Sub-objectives	Activities	National	Provincial	District	Budget assumptions	Indicator/target	Unit cost	Cost unit	Cost Category	Annual Quantity			Quarter (2018)				Annual Cost			Total Cost
										2018	2019	2020	1st	2nd	3rd	4th	2018	2019	2020	
	sector representatives																			
	1.1.6. Ensure PrEP coverage in quarterly HIV Prevention Partnership Forum (PPF) meetings	X			Full day meeting of 100 people, PrEP covers one meeting out of four per year	PrEP included as an agenda item at each of the 4 PPFs per year	$ 2,500	per PPF HIV (PPF) meeting	National Administration and Coordination	1	1	1	X	X	X	X	$ 2,500	$ 2,500	$ 2,500	$ 7,500
	1.1.7. Integrate PrEP into the review and planning processes for HIV and TB programmes	X			Support 3 HIV prevention programme representatives to attend the (6 night) AIDS/TB planning meeting; on-going integration facilitated by HIV prevention officer (no additional cost)		$ 1,710	per AIDS/TB planning meeting	Policy planning and dissemination	1	1	1	X	X	X	X	$ 1,710	$ 1,710	$ 1,710	$ 5,130
	1.1.8. Recruit an HIV prevention programme officer at national level	X			Newspaper advertising for one month and interviews		$ 2,465	One month advertising	National Administration and Coordination	1	0	0	X				$ 2,465	$ -	$ -	$ 2,465
	1.1.9. Maintain an HIV prevention programme officer at national level	X			Government medical officer annual salary		$ 14,624	Annual salary + benefits	National Administration and Coordination	0.75	1	1		X	X	X	$ 10,968	$ 14,624	$ 14,624	$ 40,217
1.2. Mobilize and track resources for PrEP	1.2.1. Evaluate the cost of providing PrEP	X			Partner technical support (no additional cost)	One PrEP costing exercise conducted after 1 year of PrEP roll-out (i.e. in 2019)	$ -		National Administration and Coordination		X						$ -	$ -	$ -	$ -
	1.2.2. Integrate PrEP into the annual national resource mapping exercise	X			PrEP contributes 5% to the national resource mapping exercise	Number of partners engaged in PrEP work; proportion of partners engaged in PrEP providing information for resource mapping; One resource mapping exercise conducted per year	$ 600	PrEP contribution per resource mapping exercise	National Administration and Coordination	1	1	1				X	$ 600	$ 600	$ 600	$ 1,800

Sub-objectives	Activities	National	Provincial	District	Budget assumptions	Indicator/target	Unit cost	Cost unit	Cost Category	Annual Quantity			Quarter (2018)				Annual Cost			Total Cost
										2018	2019	2020	1st	2nd	3rd	4th	2018	2019	2020	
	1.2.3. Conduct a landscaping exercise for PrEP that is updated regularly	X			Conducted as part of PrEP TWG and during 1) PrEP review meetings and 2) resource mapping exercise with technical assistance (no additional cost)	At least one landscaping exercise conducted per year outlining the number of entities (private and public) engaged in work on PrEP and type of work conducted	$ -		National Administration and Coordination	X	X	X	X			X	$ -	$ -	$ -	$ -
	1.2.4. Prepare resource mobilization tools to advocate for PrEP resources	X			Partner technical support and developed as part of PrEP TWG (no cost)		$ -		National Administration and Coordination	X	X	X	X	X	X	X	$ -	$ -	$ -	$ -
1.3. Advocate for a favorable policy environment to support PrEP implementation	1.3.1. Host a breakfast meeting with policy makers on PrEP delivery	X			250 policy maker breakfast	One advocacy meeting conducted focused on PrEP	$ 6,250	per policymaker breakfast	Policy planning and dissemination	1	0	0		X			$ 6,250	$ -	$ -	$ 6,250
	1.3.2. Present policy briefs, position papers and other evidence to policy-makers	X			PrEP programme officer facilitates and organizes dissemination of results (no additional cost); National half PrEP advocacy meeting with policy makers (30 attendees)	One Advocacy meeting per year	$ 750	per advocacy meeting	Policy planning and dissemination	1	1	1				X	$ 750	$ 750	$ 750	$ 2,250
OBJECTIVE 2: INCREASE THE NUMBER OF PUBLIC AND PRIVATE SECTOR FACILITIES PROVIDING PREP																	$ 41,962	$ 41,962	$ 41,962	$ 125,885
2.1. PrEP is offered at facilities with clients at high risk of HIV	2.1.1. Assess public and private sector facilities for readiness to deliver PrEP			X	District teams (2 DHEs + 1 driver) visit each facility	8 facilities assessed for PrEP readiness per district per year	$ 85	per facility assessment visit	National Administration and Coordination	496	496	496		X	X		$ 41,962	$ 41,962	$ 41,962	$ 125,885
	2.1.2. PrEP is offered to clients at high risk of HIV	X	X	X	Cost allocated throughout budget	Number of clients initiatinf on PrEP - 10,576 in 2018; 10,455 in 2019; and 10,536 in 2020 (baseline 2017: 2,663 initiated)	$ -		National Administration and Coordination	X	X	X			X	X	$ -	$ -	$ -	$ -

Sub-objectives	Activities	National	Provincial	District	Budget assumptions	Indicator/target	Unit cost	Cost unit	Cost Category	Annual Quantity			Quarter (2018)				Annual Cost			Total Cost
										2018	2019	2020	1st	2nd	3rd	4th	2018	2019	2020	
2.2. Private sector facilities are equipped to offer PrEP	2.2.1 Develop a private sector PrEP toolkit including guidance and resource materials on PrEP	X			Technical assistance to develop toolkit review at TWG (no additional cost)	Private sector toolkit including clinical and counselling guidelines, M&E tools and related materials used in the public sector aggregated for private sector dissemination	$ -	one full day meeting to finalize materials	National Administration and Coordination	X	X	X	X				$ -	$ -	$ -	$ -
	2.2.2. Develop a private sector PrEP toolkit with resources for roll-out	X			no cost; development facilitated by TWG as part of on-going development of PrEP resources	Number of private sector entities represented; Number of toolkits disseminated; Number of times online toolkit is accessed.	$ -		National Administration and Coordination	X	X	X	X				$ -	$ -	$ -	$ -
OBJECTIVE 3. EQUIP HEALTH CARE WORKERS WITH ADEQUATE KNOWLEDGE AND SKILLS TO PROVIDE PREP																	$ 280,640	$ 26,980	$ 19,840	$ 327,460
3.1. Develop materials to train health care workers on PrEP delivery	3.1.1. Develop training materials and Standard Operating Procedures (SOPs) for PrEP	X			PrEP tool development meeting - 5 day meeting with 20 participants; includes training material, SOPs, M&E tools, and pharmacy tools	Training materials developed in 2018 and reviewed annually	$ 2,500.00	One meeting	Training and capacity building	1	1	1	X				$ 2,500	$ 2,500	$ 2,500	$ 7,500
	3.1.2. Print and disseminate PrEP trainer materials		X		10 trainers per province and 5 per district; one facilitator guide each	Number of facilitator guides disseminated	$ 10.00	per facilitator guide	Training and capacity building	410	0	0		X	X		$ 4,100	$ -	$ -	$ 4,100
	3.1.3. Print and disseminate PrEP trainee materials			X	25 trained per additional facility; one training guide per participant	Number of training guides disseminated	$ 10.00	per training guide	Training and capacity building	1550	1200	850		X	X		$ 15,500	$ 12,000	$ 8,500	$ 36,000
	3.1.4. Update blended learning modules to include PrEP	X			Consultancy fees	Number of times PrEP module is accessed	$ 1,200.00	per project	Training and capacity building	1	0	0		X			$ 1,200	$ -	$ -	$ 1,200
	3.1.5. Update mentorship cirriculum to include PrEP	X			3 day meeting, 20 attendees; Update mentorship cirriculum and integrated support supervision checklist	Modules updated to include PrEP	$ 1,500.00	per update meeting	Training and capacity building	1	0	0		X			$ 1,500	$ -	$ -	$ 1,500

Sub-objectives	Activities	National	Provincial	District	Budget assumptions	Indicator/target	Unit cost	Cost unit	Cost Category	Annual Quantity			Quarter (2018)				Annual Cost			Total Cost
										2018	2019	2020	1st	2nd	3rd	4th	2018	2019	2020	
3.2. Sensitize and train health care workers on PrEP delivery	3.2.1. Sensitize nurse educators on PrEP		X		126 nurse educators (4 facilitators) sensitized over a 1 day (2 night) workshop	Number of nurse educators sensitized	$ 29,910.00	per workshop	Training and capacity building	1	0	0		X			$ 29,910	$ -	$ -	$ 29,910
	3.2.2. Conduct provincial and district-level trainings of trainers		X		Provincial training conducted at national-level: 10 participants per province x 10 provinces for 3 days (4 nights) based on the national guidelines and training materials; 2 facilitators; District training conducted at provincial-level: 5 participants per district x 3 days (4 nights), 2 facilitators	100 Provincial-level trainer of trainers and 310 district-level trainer of trainers	$ 171,370.00	full training	Training and capacity building	1	0	0		X			$ 171,370	$ -	$ -	$ 171,370
	3.2.3. Train clinicians (doctors and nurses) on PrEP delivery		X	X	1 district-level trainer of trainers attached to PrEP facilities for 5 day on the job training	Number of service providers trained	$ 260.00	per additional facility per year	Training and capacity building	62	48	34		X	X		$ (14,880)	$ 12,480	$ 8,840	$ 6,440
	3.2.4. Sensitize district-level officials on PrEP (incl. DNOs, DMOs, Matrons)			X	2 day (3 night) provincial sensitization meeting on PrEP, revitalization of HIV prevention, service provision for KPs with 4 representatives per district	Number of managers, including DNO, DMO, Matrons who are sensitised on oral PrEP	$ 1,120.00	per meeting	Training and capacity building	62	0	0					$ 69,440	$ -	$ -	$ 69,440
	3.2.5. Update supportive supervision programming to include PrEP	X			3 day meeting, 20 attendees; Update mentorship cirriculum and integrated support		$ -		Training and capacity building	X				X			$ -	$ -	$ -	$ -

Sub-objectives	Activities	National	Provincial	District	Budget assumptions	Indicator/target	Unit cost	Cost unit	Cost Category	Annual Quantity			Quarter (2018)				Annual Cost			Total Cost
										2018	2019	2020	1st	2nd	3rd	4th	2018	2019	2020	
					supervision checklist (costed under 3.1.5.)															
	3.2.6. Conduct Integrated supportive supervision visits quarterly that include PrEP			X	Supportive visits are on-going (no additional cost)	Number of supportive visits conducted	$ -		Training and capacity building	X	X	X		X	X	X	$ -	$ -	$ -	$ -
Objective 4. Ensure continuous availability of safe medicines and associated lab monitoring tests for PrEP																	$ 462,712	$ 457,458	$ 460,997	$ 1,381,167
4.1. Maintain a consistent supply of PrEP medicines and laboratory monitoring services	4.1.1. Conduct a bi-annual quantification of PrEP medicines to inform national quantification	X			1 pre-quantification and 1 post-quantification meeting x 20 participants/half day; HIV prevention officer attending quantification meeting (no cost)	Number of quantification meetings conducted per year; Oral PrEP procurement projections	$ 280.00	per meeting	National Administration and Coordination	4	4	4	X		X		$ 1,120	$ 1,120	$ 1,120	$ 3,360
	4.1.2. Facilitate regularization of PrEP medicines in country	X			Regularization request from MOH to MCAZ (no additional cost)	Number of drug regimens (brand and generic) approved for PrEP use	$ -		National Administration and Coordination	X			X				$ -	$ -	$ -	$ -
	4.1.3. Procure, store, and distribute PrEP medicines and consumables	X			Clients initiated on PrEP are retained for an average of 6 months @ $5.90 per month for TDF/FTC; storage and distribution charged at 20% of cost	Quantities procured	$ 42.48	per person	PrEP drug procurement and supply chain management	10,576	10,455	10,536		X	X	X	$ 449,251	$ 444,138	$ 447,582	$ 1,340,971

Sub-objectives	Activities	National	Provincial	District	Budget assumptions	Indicator/target	Unit cost	Cost unit	Cost Category	Annual Quantity			Quarter (2018)				Annual Cost			Total Cost
										2018	2019	2020	1st	2nd	3rd	4th	2018	2019	2020	
	4.1.4. Provide creatinine testing to PrEP clients	X			Each client with renal impairement receives 1 creatinine test at baselin (4.6% national prevalence of diabetes)	Number of PrEP clients receiving a creatinine test at baseline; Number of PrEP clients ineligible for PrEP due to creatinine level/renal impairement	$ 16.53	per client	Laboratory Monitoring (creatinine and HIV DR)	486	481	485			X	X	$ 8,041	$ 7,950	$ 8,012	$ 24,003
	4.1.6. Provide HIV drug resistance testing for clients who sero-convert while on PrEP	X			Estimated 0.1% of PrEP users seroconvert and receive 1 drug resistance test	Number of PrEP clients who sero-convert; Number of sero-converted clients receiving drug resistance test; Number of clients found to have developed a drug resistance	$ 406.53	per client	Laboratory Monitoring (creatinine and HIV DR)	11	10	11			X	X	$ 4,299	$ 4,250	$ 4,283	$ 12,833
	4.1.7. Revise LMIS tools to capture PrEP medicines - dispensing registers, C/R forms, facility order forms and worksheets, software updates	X			Health care workers write in PrEP as additional option in current tools; HIV prevention officer ensures PrEP is included in future tool versions (no additional cost)		$ -		Research, Monitoring and Evaluation	X	X	X			X	X	$ -	$ -	$ -	$ -
4.2. Ensure quality and safety of ARVs for PrEP	4.2.1. Report and assess clinical adverse events	X			PrEP TWG reviews adverse events during quarterly meetings; off-schedule TWG sub-committee meeting convened in the event of serious adverse events (no additional cost)	Number of adverse events reported	$ -		National Administration and Coordination	X	X	X			X	X	$ -	$ -	$ -	$ -
	4.2.2. Sample PrEP medicines and laboratory consumables for Post Marketing Surveilance	X			Integrated into existing ARV regimens and creatinine testing (no additional cost)	Number of clients tested	$ -		National Administration and Coordination	X	X	X			X	X	$ -	$ -	$ -	$ -

Sub-objectives	Activities	National	Provincial	District	Budget assumptions	Indicator/target	Unit cost	Cost unit	Cost Category	Annual Quantity			Quarter (2018)				Annual Cost			Total Cost
										2018	2019	2020	1st	2nd	3rd	4th	2018	2019	2020	
Objective 5. Increase awareness and demand for PrEP																	$ 991,201	$ 438,384	$ 461,512	$ 1,891,097
5.1. Inform influencers about PrEP	5.1.1 Sensitize gatekeepers on PrEP key messages			X	Half day meeting to sensitize community leaders (including from civil society/key population groups) (avg. of 20 per district) on PrEP and key populations	Number of gatekeepers reached	$160.00	per sensitization meeting	Communication and Demand Generation	62	0	0		X			$ 9,920	$ -	$ -	$ 9,920
	5.1.2. Sensitize media practitioners and journalists and editors on PrEP within the context of HIV combination prevention	X			2 day workshop for 50 participants focusing on PrEP and combination HIV prevention strategies; PrEP contributes 50%	Number of media practitioners sensitized; 40 per quarter	$ 1,250.00	per workshop	Communication and Demand Generation	1	0	0		X			$ 1,250	$ -	$ -	$ 1,250
5.2. Increase awareness of PrEP in the general population	5.2.1. Conduct regional consultative meetings on development of targeted messages for PrEP		X		4 regional 3-day (4-night) meetings with 20 participants each (2 coming in from national)	Number of meetings conducted	$ 1,800.00	per meeting	Communication and Demand Generation	4	0	0	X	X			$ 7,200	$ -	$ -	$ 7,200
	5.2.2. Develop IEC materials in English, Ndebele, and Shona languages	X			5 day meeting with 30 participants including 1 communications and design consultant (7 days)	Number attending meeting	$ 6,675.00	per meeting	Communication and Demand Generation	1	0	0		X			$ 6,675	$ -	$ -	$ 6,675
	5.2.3. Print IEC materials (flyers, posters, pamphlets)	X			Districts offering PrEP receive an average of 20 posters; 7,500 pamphlets and 7,500 flyers per year)	Facilities receiving a PrEP IEC package	$ 5,280.00	Per district PrEP IEC package	Communication and Demand Generation	62	62	62			X	X	$ 327,360	$ 327,360	$ 327,360	$ 982,080

Sub-objectives	Activities	National	Provincial	District	Budget assumptions	Indicator/target	Unit cost	Cost unit	Cost Category	Annual Quantity			Quarter (2018)				Annual Cost			Total Cost
										2018	2019	2020	1st	2nd	3rd	4th	2018	2019	2020	
	5.2.4. Develop a mass media campaign on combination HIV prevention strategies include PrEP	X			5 day workshop for 15 participants facilitated by a technical consultant (7 days)		$4,800.00	per workshop	Communication and Demand Generation	1	0	0		X			$ 4,800	$ -	$ -	$ 4,800
	5.2.5. Implement a national mass media campaign on combination HIV prevention strategies include PrEP	X			3 month campaign: Newspaper (Premium insert once a month), 3 Whatsapp/social media videos, and radio (6 spots per day for 3 months on 2 stations; 3 PrEP radio programs) advertising and management of HIV prevention social media pages for 3 months		$ 408,150.00	per campaign	Communication and Demand Generation	1	0	0			X	X	$ 408,150	$ -	$ -	$ 408,150
	5.2.6. Implement a geographically targeted mass media campaign on combination HIV prevention strategies include PrEP			X	Banners (1 per district in the first 3 months of PrEP introduction), billboards (In 15 high incidence high volume districts), and hospital signs at each district hospital, 5 bulk sms messages in 34 high priority districts	Number of banners, billboards, and hospital signs erected	$ 1,184.68	campaign per district	Communication and Demand Generation	62	0	0			X	X	$ 73,450	$ -	$ -	$ 73,450
5.3. Promote the use and adherence of PrEP among people at increased risk of HIV infection	5.3.1. Conduct community dialogues on PrEP with different population groups, particularly vulnerable populations			X	1 dialogue per district: Average of 30 MOH officials and 200 attendees with costs for mobilization, refreshments, and transportation	Number of community dialogues conducted; Number of attendees	$ 1,230.00	per dialogue	Communication and Demand Generation	62	0	0	X	X	X	X	$ 76,260	$ -	$ -	$ 76,260

Sub-objectives	Activities	National	Provincial	District	Budget assumptions	Indicator/target	Unit cost	Cost unit	Cost Category	Annual Quantity			Quarter (2018)				Annual Cost			Total Cost
										2018	2019	2020	1st	2nd	3rd	4th	2018	2019	2020	
	5.3.2. Train peers and PrEP Champions on PrEP outreach and support		X	X	2 day training at district level of 5 peer educators and champions per facility on PrEP and combination HIV prevention; 2 facilitators		$ 388.00	per facility	Training and capacity building	62	48	34		X	X		$ 24,056	$ 18,624	$ 13,192	$ 55,872
	5.3.3. Support PrEP Champions		X	X	At least 5 PrEP Champion per hospital		$ 840.00	per facility	Training and capacity building	62	110	144		X	X	X	$ 52,080	$ 92,400	$ 120,960	$ 265,440
Objective 6. Strengthen the generation, coordination, and use of strategic information for PrEP																	$ 91,703	$ 70,311	$ 85,660	$ 247,673
6.1. Implement an integrated monitoring and evaluation system for PrEP	6.1.1. Develop data collection and reporting tools for PrEP	X			PrEP tool development meeting - 5 day meeting with 20 participants; includes training material, SOPs, M&E tools, and pharmacy tools (costed in 3.1.1.; no additional costed)		$ -		Research, Monitoring and Evaluation	X			X				$ -	$ -	$ -	$ -
	6.1.2. Revise data collection and reporting tools for PrEP	X			Revised as part of the PrEP TWG and national M&E team (no additional cost); including DHIS2		$ -		Research, Monitoring and Evaluation		X	X					$ -	$ -	$ -	$ -
	6.1.3. Print data collection and reporting tools for PrEP				1 PrEP register per facility; facilities receive a new register every year	Number of register printed	$ 10.00	per register	Research, Monitoring and Evaluation	62	110	144			X		$ 620	$ 1,100	$ 1,440	$ 3,160
		X			PrEP client forms	Number of client forms printed	$ 2.88	per client form	Research, Monitoring and Evaluation	10,576	10,455	10,536			X		$ 30,458	$30,111	$30,345	$90,913

Appendix A: SWOT Analysis for Oral PrEP Implementation in Zimbabwe

STRENGTHS	WEAKNESSSES
• The health system already has the capacity to and is providing HTS and comprehensive HIV and reproductive health services into which oral PrEP can be integrated. • A significant proportion of health workers in the public sector, including community health workers, have already been trained in HIV treatment and management as well as HIV prevention strategies. These can be leveraged for PrEP promotion and provision • There is local technical expertise for supply chain management, including quantification and forecasting of ARVs and laboratory commodities. PrEP can be easily integrated into these systems, including for post market surveillance. • There is a functional lab network and ongoing quality assurance programmes for HIV diagnostic and monitoring tests that are required for PrEP users • There is a strong presence of civil society within communities and at national level supporting advocacy for PrEP and providing insights on PrEP service delivery models for key and priority populations • There is expertise, experience and strong leadership to guide advocacy and communications through the Ministry of Health and Child Care (MoHCC) and the oral PrEP technical working group (TWG) and current implementation experience in demonstration projects forms a good starting point for communications development There are working models that can be adapted to reach different population groups such as adolescents through peers. The same models can also be adjusted to provide psychosocial and adherence support	• Clients who test HIV negative are not being linked to HIV prevention services. Focus is mainly on linking the HIV positive clients to care • There are no unique identifiers that can be used to link and track clients from one service to another; M&E tools used by various partners are different, tracking different indicators • Data is not available for the size of the population, including subgroups, at high risk of HIV infection that can benefit from PrEP. As such setting targets is a challenge. • Inadequate capacity to conduct genotypic tests which are required to diagnose HIVDR among ART patients and any PrEP users who sero-convert • Inadequate supply chain management system capacity that results in stock ruptures for medicines and other related commodities; Lack of dedicated supply chain personnel/pharmacy cadre at primary care level (to manage inventory) • Adolescents have noted that PrEP packaging is unattractive and not discrete, which may limit uptake and adherence in this high risk group • Services in both the public and the private sectors are not friendly to special groups such as the speech impaired, visually impaired and physically impaired and key populations • Fragmented HIV prevention landscape may create challenges and inefficiencies in introducing PrEP as part of combination prevention activities

OPPORTUNITIES	THREATS
• Opportunity for integrated introduction of oral PrEP in the context of Sexual and Reproductive Health (SRH) services and Revitalization of HIV prevention which includes condoms, VMMC, and behaviour change communication • Scale up of initiatives such as community based testing, peer support and differentiated care models; to reach "hard-to-reach" population groups including men, adolescents, sex workers and men who have sex with men (MSM). This provides an opportunity for identifying those who may benefit from PrEP • Funding, technical and implementing partners, as well as journalists and media houses committed to supporting and promoting combination HIV prevention strategies including PrEP • Planned development of an advocacy and communication plan for combination HIV prevention that will include PrEP leveraging knowledge and experiences from other HIV prevention programs • Existing community referral facilitators who can identify and link individuals who may benefit from PrEP to services at the health facilities • Opportunity to leverage the electronic patient monitoring system (ePMS) for PrEP clients as it is already in use for VMMC and HTS • There are existing management and coordination platforms including the HIV prevention partnership forum, TWG, M & E subcommittee which operate at national level; at subnational level, there are PHE, DHE and monthly nurses meetings – all these can be used as advocacy and promotion platforms for PrEP	• Fear of HIV associated stigma and discrimination and negative perception of oral PrEP, because it is an ARV; • Low risk perception among potential oral PrEP users which may lead to loss to follow up among clients at ongoing high risk of infection; Risk compensation among oral PrEP users • Lack of knowledge and understanding of oral PrEP among service providers in both the public and the private sectors and fear of additional workload among health workers in the context of staff shortages and competing priorities may contribute to negative healthcare worker attitude towards potential PrEP users and limit access • Tracking of different indicators and use of different monitoring and evaluation tools and standard operating procedures in current demonstration projects may create challenges in aggregating national oral PrEP data and other materials to support implementation • Limited data for building strong quantification and forecasting assumptions • Limited funding for communication and service delivery to general population • Emphasis on certain populations now creating a perception that oral PrEP is for key populations; cultural and social norms may limit adolescent access to PrEP because of perception that it may promote promiscuity • Commitment to support additional lab tests such as creatinine and Hepatitis B for PrEP clients is currently unknown and these tests are not widely available outside central, provincial, and district hospitals; this may limit access for those with uncontrolled hypertension or diabetes who may benefit from PrEP

Appendix B: Oral PrEP direct per client unit cost

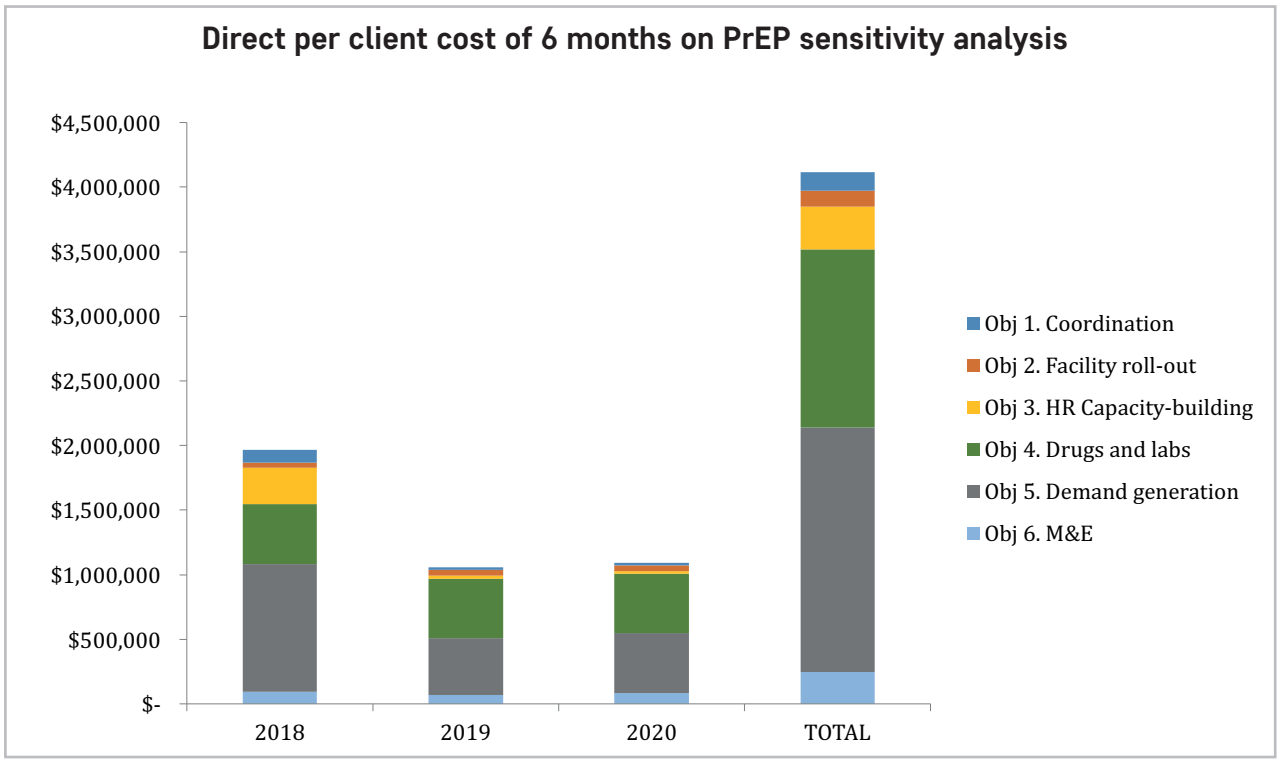
Province	FSW			SDC			MSM			AGYW(15-19)			AGYW 20 - 24		
	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
Harare	1347	1360	1374	428	396	396	805	813	821	183	185	187	18	18	18
Bulawayo	602	608	614	147	136	136	217	219	221	62	62	63	11	12	12
Manicaland	321	324	327	258	239	239	179	180	182	131	133	134	49	50	50
Mat North	153	155	196	182	182	182	55	55	56	57	58	58	65	66	67
Mat South	115	117	118	242	224	224	50	51	51	55	56	56	88	89	90
Masvingo	307	310	313	261	242	242	125	126	127	115	116	117	38	39	39
Mash Central	219	222	224	229	212	212	95	96	97	81	82	83	58	58	59
Mash West	515	520	525	278	257	257	132	134	135	111	112	113	146	147	149
Mash East	224	226	228	290	269	269	102	103	104	91	92	93	64	65	65
Midlands	512	517	522	343	318	318	170	172	173	126	128	129	108	109	111
National	**4,313**	**4,357**	**4,400**	**2,674**	**2,474**	**2,475**	**1,930**	**1,949**	**1,969**	**1,013**	**1,023**	**1,034**	**645**	**652**	**658**

Appendix C: Oral PrEP direct per client unit cost

This appendix summarizes the estimated direct per client costs associated with oral PrEP for a typical client in Zimbabwe. Direct client costs include PrEP drugs, creatinine testing, HIV and STI testing, HIV drug resistance testing where applicable, and healthcare worker personnel costs associated with providing PrEP clinical and counselling services. Demand generation, adherence support interventions, and health systems costs are not included as part of direct client costs.

The total cost for an average client on PrEP for 6 months is estimated to be $86 assuming the following:

- One screening and initiation visit including creatinine, syphilis and hepatitis B testing;
- Two follow-up visits for a 3 month drug supply;
- One discontinuation visit without drugs dispensed.



	PER CLIENT COST
Base case*	**$86**
Client on PrEP for 1 year†	$156
Alternative PrEP regimen: TDF/3TC	$74
No creatinine testing offered	$69
No STI testing offered	$80
Sero-conversion at final visit requiring HIV drug resistance testing	$493

*Base Case: TDF/FTC regimen; creatinine and STI monitoring (syphilis and hepatitis B) conducted at baseline; two follow-up visits and one discontinuation visit

†Includes creatinine and STI monitoring test at both baseline and 6 months

Appendix D: Zimbabwe Oral PrEP Facility Assessment Tool

The purpose of this tool is to assess the readiness and capacity of this facility to provide oral pre-exposure prophylaxis as part of existing HIV prevention and treatment services

Facility Details	
Facility name	
District	
Province	
Interview date	
Interviewee name & Designation	
Contact number	
Interviewer name	

ASSESSMENT REPORT	
	SCORE
Section A: General facility details	/30
Section B: Populations served	/110
Section C: Services available	/140
Section D: HIV testing services	/65
Section E: Staff capacity	/80
Section F: Staff training	/95
Section G: Laboratory and Drugs	/80
TOTAL	/600

Section A: General facility details		
	SECTION A SCORE: /20	
1. **What type of facility is being assessed?**		
☐ Central hospital **(0 points)**	☐Provincial hospital **(0 points)**	
☐ District hospital **(0 points)**	☐ Mission clinic/hospital **(0 points)**	
☐ Rural hospital **(0 points)**	☐ Rural health center **(0 points)**	
☐ Urban municipal/poly clinic **(0 points)**	☐ Youth center **(10 points)**	
☐ ZNFPC clinic **(0 points)**	☐ Company clinic/hospital **(0 points)**	
☐ Private clinic/hospital **(0 points)**	☐ Private surgery **(0 points)**	
☐ Prison clinic/hospital **(10 points)**	Other (specify)	
2. **In a typical month, about how many clients visit this facility?**		
☐ less than 100 ☐ 101-300 ☐ 301-500 **(0 points)**		
☐ 501-1,000 **(5 points)**		
☐ more than 1,000 **(10 points)**		

Section B: Populations served				
	Section B score: /110			
3. **In a typical month, how many clients from the following populations visit the facility?**				
Sex workers: ☐ None **(0 points)**	☐ 1 to 10 **(5 points)**	☐ more than 10 **(10 points)**		
Men who have Sex with Men: ☐ None **(0 points)**	☐ 1 to 10 **(5 points)**	☐ more than 10 **(10 points)**		
Transgender clients: ☐ None **(0 points)**	☐ 1 to 10 **(5 points)**	☐ more than 10 **(10 points)**		
Injecting drug users: ☐ None **(0 points)**	☐ 1 to 10 **(5 points)**	☐ more than 10 **(10 points)**		
Young people (15 to 24 years): ☐ None **(0 points)**	☐ 1 to 10 **(5 points)**	☐ more than 10 **(10 points)**		

Sero-discordant couples: ☐ None **(0 points)** ☐ 1 to 10 **(5 points)** ☐ more than 10 **(10 points)**	
4. Are there any organizations in the community or associated with this facility that work with the following population groups?	
Sex workers: ☐ No **(0 points)** ☐ Yes **(10 points)** *If yes, please list:*	
Men who have Sex with Men: ☐ No **(0 points)** ☐ Yes **(10 points)** *If yes, please list:*	
Transgender clients: ☐ No **(0 points)** ☐ Yes **(10 points)** *If yes, please list:*	
Injecting drug users: ☐ No **(0 points)** ☐ Yes **(10 points)** *If yes, please list:*	
Young people (15 to 24 years): ☐ No **(0 points)** ☐ Yes **(10 points)** *If yes, please list:*	

Section C: Services available	
SECTION C SCORE:	**/140**
5. Indicate the services available at this facility	
a. Minimum required service package 1) HIV Testing Services ***(if HTS is not available, skip Section D)*** 2) Condom Distribution 3) Syndromic STI management (diagnosis, treatment) ☐ Yes **(100 points)** ☐ No, one or more is not available **(0 points)**	
b. Additional health services *(tick all that apply)*	
☐ PEP for general clients **(5 points)**	
☐ VMMC **(5 points)**	
☐ STI treatment **(5 points)**	
☐ Pregnancy tests **(5 points)**	
☐ Hepatitis B testing **(5 points)**	
☐ Creatinine testing **(5 points)**	
☐ OI/ART services **(5 points)**	
☐ Viral load testing **(5 points)**	

Section D: HIV Testing Services			
		SECTION D SCORE: /65	
6. **What HTS models are offered at the facility?** *(tick all that apply)*			
Provider/client initiated	☐ Yes **(0 points)**	☐ No **(0 points)**	
Client self-testing	☐ Yes **(0 points)**	☐ No **(0 points)**	
Community based testing	☐ Yes **(10 points)**	☐ No **(0 points)**	
Index case testing	☐ Yes **(10 points)**	☐ No **(0 points)**	
7. **In a typical month, about how many clients receive HTS at this facility?** ☐ less than 50 ☐ 51-100 ☐ 101-200 **(0 points)** ☐ 201-300 **(5 points)** ☐ more than 300 **(10 points)**			
8. **Is there more than one room available for HTS?**			
For facilities testing **less** than 200 per month ☐ Yes **(5 points)** ☐ No **(0 points)**	For facilities testing **more** than 200 per month ☐ Yes **(10 points)** ☐ No **(0 points)**		
9. **At what times outside of regular hours does this facility offer HTS for general clients?** *(tick all that apply)*			
Any time on Saturday or Sunday	☐ Yes **(10 points)**	☐ No **(0 points)**	
After 5 pm at least once during the week	☐ Yes **(10 points)**	☐ No **(0 points)**	
After 5 pm at least once a month	☐ Yes **(5 points)**	☐ No **(0 points)**	

Section E: Staff Capacity	
SECTION E SCORE: /80	
10. **Which clinical cadres are attached to this facility?** *(tick all that apply)*	
☐ Medical Doctor **(15 points)**	
☐ Registered General Nurse (RGN) **(10 points)**	
☐ Primary Care Nurse (PCN) **(5 points)**	
11. **Does the facility engage community demand generation cadres for HIV prevention and treatment services? (e.g. VHWs, EHTs, CRFs etc.)** ☐ No **(0 points)** ☐ Yes, fewer than five staff members **(5 points)** ☐ Yes, more than five staff members **(10 points)**	
12. **How many clinicians at this facility can perform a rapid HIV test?** ☐ None **(0 points)** ☐ 1 **(0 points)** ☐ 2 to 5 **(5 points)** ☐ Over 5 **(10 points)**	
13. **How many clinicians at this facility have been trained in the provision of ART (e.g. HIIT or mentorship in public facility)?** ☐ None **(0 points)** ☐ 1 **(0 points)** ☐ 2 to 5 **(5 points)** ☐ Over 5 **(10 points)**	
14. **Which cadres typically dispense drugs (including refills) at this facility?** *(tick all that apply)*	
☐ Medical Doctor **(5 points)**	
☐ RGN **(5 points)**	
☐ PCN **(5 points)**	
☐ Pharmacist/Pharmacy technician **(5 points)**	
☐ Nurse Aide **(5 points)**	
☐ Community/Village Health Workers **(5 points)**	
☐ Expert Clients/Community Based Organisation Members **(5 points)**	

Section F: Staff training	
SECTION F SCORE: /95	
15. **How many clinical staff at this facility have been trained in sexual and reproductive health?** ☐ None **(0 points)** ☐ One staff member **(5 points)** ☐ More than one staff member, but not everyone **(10 points)** ☐ All staff **(20 points)**	
16. **How many staff (both clinical and non-clinical) at this facility have been trained on any services for adolescents and young people?** ☐ None **(0 points)** ☐ One staff member **(5 points)** ☐ More than one staff member, but not everyone **(10 points)** ☐ All staff **(20 points)**	
17. **How many staff (both clinical and non-clinical) at this facility have been trained on any services for Key Populations?** ☐ None **(0 points)** ☐ One staff member **(5 points)** ☐ More than one staff member, but not everyone **(10 points)** ☐ All staff **(20 points)**	
18. **If any staff have been trained on service provision for Key Populations specify the populations included in training?** *(tick all that apply)*	
☐ Sex Workers **(5 points)**	
☐ Men Who Have Sex with Men **(5 points)**	
☐ Women Who Have Sex with Women **(5 points)**	
☐ Transgender persons **(5 points)**	
☐ Injecting Drug Users **(5 points)**	
☐ Prisoners **(5 points)**	
☐ Intersex persons **(5 points)**	

Section G: Laboratory and Drugs	
SECTION G SCORE:	**/80**
19. **Has the facility had a stock out or other disruption to rapid HIV testing in the past 6 months?** ☐ No **(10 points)** ☐ Yes, less than two weeks **(5 points)** ☐ Yes, more than two weeks **(0 points)**	
20. **Has the facility had a stock out the following in the past 6 months**	
STI medicines ☐ Do not stock **(0 points)** ☐ Yes **(0 points)** ☐ No **(5 points)**	
Condoms ☐ Do not stock **(0 points)** ☐ Yes **(0 points)** ☐ No **(10 points)**	
TDF/FTC or TDF/3TC ☐ Do not stock either **(0 points)** ☐ Yes **(0 points)** ☐ No **(10 points)**	
21. **Is this facility accredited to order, receive, store, and issue schedule C medicines (specifically referring to ARVs)?** ☐ No **(0 points)** ☐ Yes **(20 points)**	
22. **Is there enough space in your store room for additional drugs?** (At least for one box of 144 bottles each containing 30 tablets i.e. 60 cm by 26 cm by 28cm) ☐ No **(0 points)** ☐ Yes **(20 points)**	

Job Aides	
23. Which job aides are available at the facility? (ensure missing job aides are given to sites)	
2016 ART guidelines	☐ Yes ☐ No
2016 Operational Service Delivery Manual (OSDM)	☐ Yes ☐ No
Consolidated HIV and AIDS Job Aide	☐ Yes ☐ No
To be filled out by interviewer only: Please take down any other relevant information that arose during the course of the assessment here	


PRIMARY HEALTH CARE
A HEALTHY NATION
MINISTRY OF HEALTH & CHILD CARE
ZIMBABWE