OPTIONS COUNTRY SITUATION ANALYSIS: ZIMBABWE DECEMBER 2018

FSG in partnership with Pangaea Global
Snapshot of oral PrEP rollout in Zimbabwe

As of December 2018, oral PrEP rollout in Zimbabwe achieved the following reach:

- Clients initiating oral PrEP: ~8,400
- Provinces with oral PrEP access: 5 out of 10
- Facilities distributing oral PrEP: ~28
**Oral PrEP rollout strengths and challenges**

- **Planning & Budgeting**
  - Oral PrEP has been integrated into planning and delivery across Ministry of Health departments, due to highly collaborative planning and budgeting processes.
  - Oral PrEP is integrated into delivery at New Start Centres, which offer ART, family planning, cervical cancer screening, etc.
  - Oral PrEP is relatively easy to initiate in the facilities that provide oral PrEP.

- **Supply Chain Management**
  - Oral PrEP drugs and related commodities are being procured as part of the national supply chain.
  - Demand forecasting is part of routine program quantification, done twice annually.
  - There is significant drop-off of oral PrEP clients after the first 1-2 months of oral PrEP use; risk assessments could be used to ensure those that initiate oral PrEP are motivated and committed to continuation.

- **Prep Delivery Platforms**
  - Oral PrEP is integrated into delivery across Ministry of Health departments, due to highly collaborative planning and budgeting processes.
  - Oral PrEP is delivered through gender-based violence clinics, reaching current PEP clients.
  - Discussions are ongoing at the national level to better understand and promote effective follow-up and retention practices.

- **Individual Uptake**
  - Oral PrEP stockouts have had impacts on ART stocks (Note: On a tenofovir based regime, the drugs used for ART are the same as those used for oral PrEP).
  - Pilots are ongoing at different delivery sites (e.g., family planning, youth drop-in centers, public facilities); each model has unique set of challenges and learning is ongoing.
  - There is significant drop-off of oral PrEP clients after the first 1-2 months of oral PrEP use; risk assessments could be used to ensure those that initiate oral PrEP are motivated and committed to continuation.

- **Effective Use & Monitoring**
  - Funding for prevention options remains silo-ed; more integrated budgeting would ensure better balance between programs and interventions in the overall HIV prevention portfolio.
  - Follow-up after initiation has been a challenge as it's difficult to track individuals, especially those who initiated during outreach or mobilization activities (who often do not provide contact information).

**Current Challenges**

- Funding for prevention options remains silo-ed; more integrated budgeting would ensure better balance between programs and interventions in the overall HIV prevention portfolio.
- Oral PrEP stockouts have had impacts on ART stocks (Note: On a tenofovir based regime, the drugs used for ART are the same as those used for oral PrEP).
- Pilots are ongoing at different delivery sites (e.g., family planning, youth drop-in centers, public facilities); each model has unique set of challenges and learning is ongoing.
- There is significant drop-off of oral PrEP clients after the first 1-2 months of oral PrEP use; risk assessments could be used to ensure those that initiate oral PrEP are motivated and committed to continuation.
- Follow-up after initiation has been a challenge as it's difficult to track individuals, especially those who initiated during outreach or mobilization activities (who often do not provide contact information).
Zimbabwe progress on oral PrEP rollout

**PLANNING & BUDGETING**
- Impact, cost and cost-effectiveness analyses for PrEP as part of comprehensive HIV prevention portfolio
- Identification and quantification of target populations for PrEP
- Inclusion of PrEP and female-controlled methods in current or upcoming national HIV prevention plans
- Timeline and plan for PrEP introduction and scale-up
- A budget for PrEP rollout to target populations
- Sufficient funding to achieve targets

**SUPPLY CHAIN MANAGEMENT**
- Regulatory approval of form(s) of oral PrEP by authorities
- Effective demand and supply forecasting mechanisms for PrEP
- Manufacturer identification and contract negotiation to purchase PrEP
- Product and packaging design to meet target population needs and preferences
- Development of distribution plan for PrEP to reach target populations
- Effective distribution mechanisms to avoid PrEP stockouts in priority facilities

**PREP DELIVERY PLATFORMS**
- Issuance of standard clinical guidelines for prescription and use of PrEP
- Sufficient infrastructure and human resources to conduct initial HIV tests and prescribe PrEP in priority channels
- Plan to engage healthcare workers on PrEP and delivery to target populations (including mitigating stigma)
- Tools to help potential clients and HCW understand who should use PrEP have been created
- Sufficient resources to rollout plans for healthcare worker engagement

**INDIVIDUAL UPTAKE**
- Clear and informative communications on PrEP for general public audiences
- Development of demand generation strategies targeted to unique needs of different populations
- Information for clients on how to effectively use PrEP for all target populations
- Sufficient resources to rollout plans for demand generation

**EFFECTIVE USE & MONITORING**
- Established plans to support effective use and regular HIV, creatinine testing that reflect the unique needs of target populations
- Capacity to provide ongoing HIV and creatinine level testing for PrEP users accessible to target populations
- Monitoring system to support data collection for ongoing learning (e.g., rate of patients returning for 2nd visit, non-HIV STI rates)

**COLOR KEY**
- Green: Significant progress and/or momentum
- Orange: Early progress
- Gray: Initial conversations ongoing
### Planning & budgeting

<table>
<thead>
<tr>
<th>Readiness factor</th>
<th>April 2016</th>
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<th>May 2018</th>
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<th>Progress notes*</th>
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</thead>
</table>
| **Impact, cost and cost-effectiveness analyses for PrEP as part of comprehensive HIV prevention portfolio** | | | | | • Cost analysis was completed for Global Fund concept note in early 2018  
• Continued analysis and data collection underway for updated cost and impact estimates |
| **Identification and quantification of target populations for PrEP** | | | | | • Oral PrEP is available to anyone who is at substantial risk of contracting HIV; priority populations are adolescent girls and young women (AGYW), female sex workers (FSW), and men at-risk, including men who have sex with men (MSM) |
| **Inclusion of PrEP and female-controlled methods in current or upcoming national HIV prevention plans** | | | | | • Oral PrEP has been included in the updated Zimbabwe National Strategic Plan ZNASP |
| **Timeline and plan for PrEP introduction and scale-up** | | | | | • The oral PrEP implementation plan was launched in July 2018 with a phased approach to oral PrEP rollout starting with central, provincial, and district hospitals and including rural health facilities |
| **A budget for PrEP rollout to target populations** | | | | | • After submitting a concept note earlier in 2018, funding from the Global Fund has been awarded to support oral PrEP rollout |
| **Sufficient funding to achieve targets** | | | | | • No funding had been deployed as of December 2018, but is likely to be deployed soon |

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## Supply chain management

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<tbody>
<tr>
<td><strong>Regulatory approval of form(s) of oral PrEP by authorities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Mylan’s Truvada approved and in use for oral PrEP</td>
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<tr>
<td><strong>Effective demand and supply forecasting mechanisms for PrEP</strong></td>
<td></td>
<td></td>
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<td></td>
<td>• Oral PrEP has been included in regular bi-annual forecasting process at the Ministry of Health and Child Care (MOHCC) that also includes ART, condoms, etc.</td>
</tr>
<tr>
<td><strong>Manufacturer identification and contract negotiation to purchase PrEP</strong></td>
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<td></td>
<td></td>
<td></td>
<td>• No further progress at present</td>
</tr>
<tr>
<td><strong>Product and packaging design to meet target population needs and preferences</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• No further progress at present</td>
</tr>
<tr>
<td><strong>Development of distribution plan for PrEP to reach target populations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Oral PrEP has been included in Zimbabwe’s central procurement system for essential drugs, commodities and reagents run by NatPharm</td>
</tr>
<tr>
<td><strong>Effective distribution mechanisms to avoid PrEP stockouts in priority facilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Individual facilities responsible for requests; some stockouts have occurred and impacted ART stocks <em>(Note: On a tenofovir based regime, the drugs used for ART are the same as those used for oral PreP)</em></td>
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# PrEP delivery platforms

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<tbody>
<tr>
<td>Issuance of standard clinical guidelines for prescription and use of PrEP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Oral PrEP guidelines and clinical guidance have been established</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>• Standard operating procedures (SOPs) and job aides have also been developed to support oral PrEP delivery</td>
</tr>
<tr>
<td>Sufficient infrastructure and human resources to conduct initial HIV tests and prescribe PrEP in priority channels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Oral PrEP has been integrated into ART, family planning and gender-based violence clinics to ensure continuity of services</td>
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<tr>
<td>Plan to engage health care workers on PrEP and delivery to target populations (including mitigating stigma)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Health facilities that have started delivering oral PrEP have trained providers on HIV and oral PrEP</td>
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<tr>
<td>Tools to help potential clients and HCW understand who should use PrEP have been created</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Screening tools have been developed through the technical working group to help providers better identify who should be initiated on oral PrEP</td>
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<tr>
<td>Sufficient resources to rollout plans for healthcare worker engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Provider training on oral PrEP delivery is ongoing. If resources were available, all providers who have the potential to be in touch with potential oral PrEP clients would be trained on how to deliver oral PrEP</td>
</tr>
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- **May 2018**: Early progress
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## Individual uptake

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<tr>
<td>Clear and informative <em>communications</em> on oral PrEP for general public audiences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• No further progress at present</td>
</tr>
<tr>
<td>Development of <em>demand generation strategies</em> targeted to unique needs of different populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Demand creation activities taking place within the community to raise general awareness of oral PrEP as a way to mitigate stigma</td>
</tr>
<tr>
<td><strong>Linkages</strong> between HTC, oral PrEP prescription, and oral PrEP access to enable uptake</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• No further progress at present</td>
</tr>
<tr>
<td>Information for clients on how to effectively use oral PrEP for all end user populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Materials for clients to provide information on effective use of oral PrEP are in development</td>
</tr>
<tr>
<td>Sufficient <em>resources</em> to rollout plans for demand generation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Resources received from Global Fund will support demand generation activities</td>
</tr>
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**Readiness factor definitions**
- Clear and informative communications: Materials for general public audiences
- Development of demand generation strategies: Materials for specific populations
- Linkages: Activities to promote access and use
- Information for clients: Materials for end users
- Sufficient resources: Support for demand generation activities

**Progress notes**
- April 2016
- December 2016
- May 2018
- December 2018

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**Effective use & monitoring**

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<tr>
<td>Established plans to support <em>effective use and regular HIV, creatinine testing</em> that reflect the unique needs of target populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Resources received from Global Fund will support activities and information to improve effective use by oral PrEP clients</td>
</tr>
<tr>
<td><strong>Capacity</strong> to provide ongoing HIV and creatinine level testing for PrEP users accessible to target populations</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>• No further progress at present</td>
</tr>
<tr>
<td><strong>Monitoring system</strong> to support data collection for ongoing learning (e.g., rate of patients returning for 2nd visit, non-HIV STI rates)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>• No further progress at present</td>
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