CAB PrEP Introduction Situation Analysis in Zimbabwe

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Maximizing Options to Advance Informed Choice for HIV Prevention

Overview of PrEP Introduction Situation Analysis

- This document summarizes findings from the **national situation analysis** that can support the creation of a national biomedical HIV prevention platform.
- The situation analysis aims to clarify critical steps for the introduction of biomedical HIV prevention products.
- This analysis is based on several **inputs**, including a desk review, secondary research, interviews with key stakeholders in Zimbabwe and can be used by policymakers, implementers, and others **planning for introduction of CAB PrEP.**
- This analysis was completed in collaboration with MOSAIC Consortium partner Mann Global Health who conducted a complementary analysis for the introduction of the cabotegravir injectable for ViiV Healthcare.
- Summaries of similar analyses for other HIV prevention methods and other countries are available on **PrEPWatch.org**.

Current situation of HIV prevention

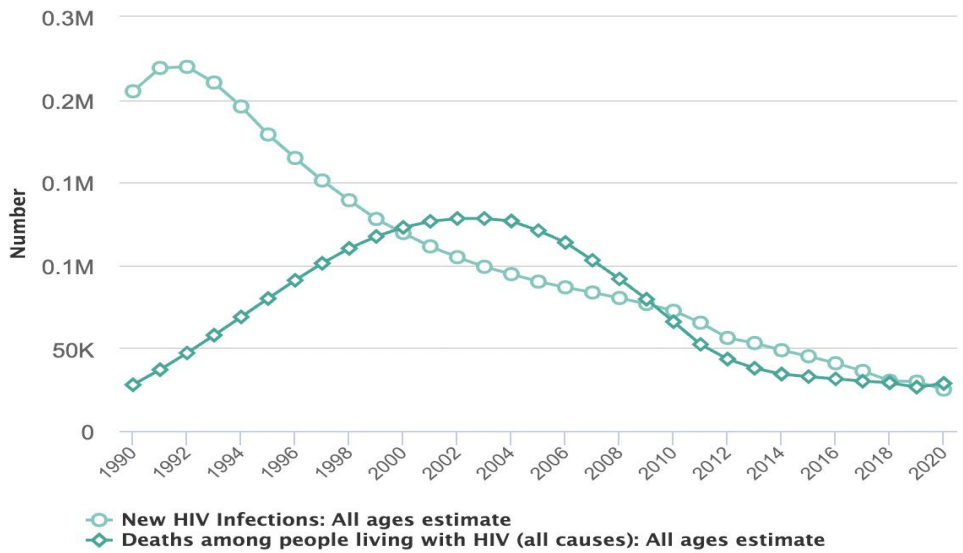
Findings for CAB PrEP introduction planning

Sources and notes

Zimbabwe has reached epidemic control of HIV

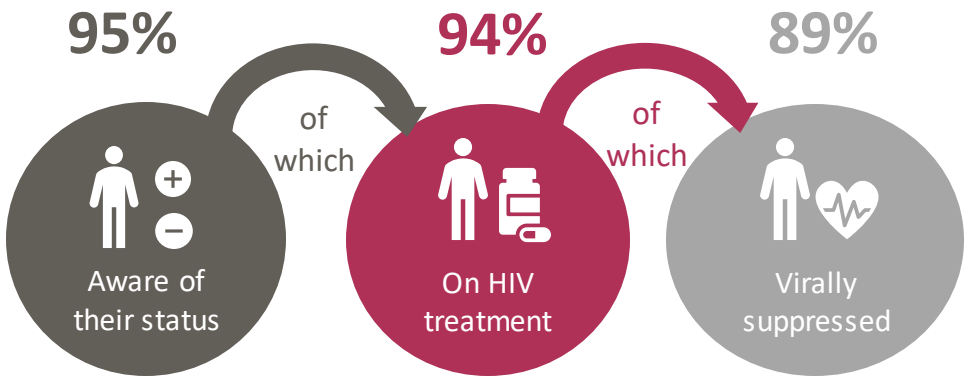
- An **estimated 1.3 million Zimbabweans live with HIV**, with prevalence at about 13%.[1]
- While Zimbabwe has achieved a 66% reduction in new HIV infections and a **63% reduction in HIV related deaths** since 2010, an estimated 40,000 new infections and 20,000 HIV related deaths still occur every year.[1]
- **Scaled up HIV testing and treatment services** have moved Zimbabwe closer to 95-95-95 goals and toward epidemic control. However, testing is still lagging, particularly among high-risk populations such as adolescent girls and young women (AGYW).[1]
- Furthermore, Zimbabwe has faced **health system challenges including the attrition of skilled health workers** such as nurses. [1]

HIV INCIDENCE AND AIDS RELATED DEATH, ALL AGES, 1990-2020



Source: (1) UNAIDS Epidemiological Estimate 2021

PROGRESS TOWARDS 95-95-95 GOALS, AGE 15 – 64, 2022 [2]



Source: (2) UNAIDS data 2022

Young people and young women are still disproportionately affected by HIV

HIV disproportionately affects **women—15.3% of women over 15 years are living of HIV** compared to 10.2% of men.[1]

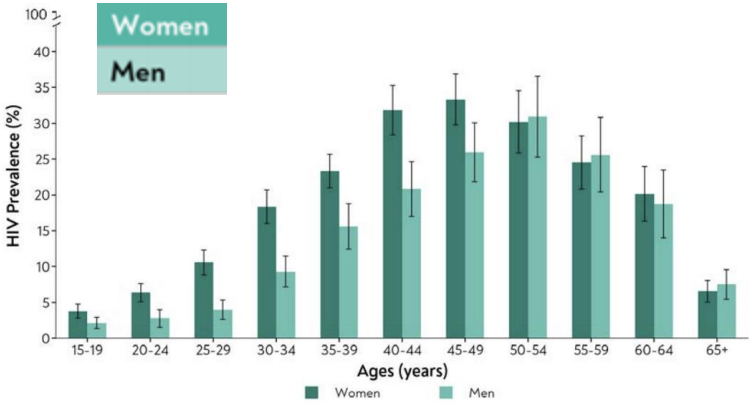
1/3 of all new HIV infections in people above the age of 15 were among **young people 15-24 years;** the 9,000 new infections among young women is more than **double** that of young men. [2]

HIV incidence is highest among AGYW, implying a continued unmet need for HIV prevention options that address their unique needs. Key issues on low knowledge on comprehensive HIV prevention and use of known effective prevention methods such as condoms have made AGYW vulnerable to HIV.[2]

58%
FSW HIV prevalence

Prevalence is highest in key populations, including female sex workers (FSW) (58%), men who have sex with men (MSM) (31%), prisoners (28%), and transgender people (27.5%). [3]

HIV PREVALENCE BY AGE AND SEX, 2020 [1]



HIV prevalence is consistently **higher among women compared to men** from ages 15 through 49 years

HIV INCIDENCE, 2020 [1]

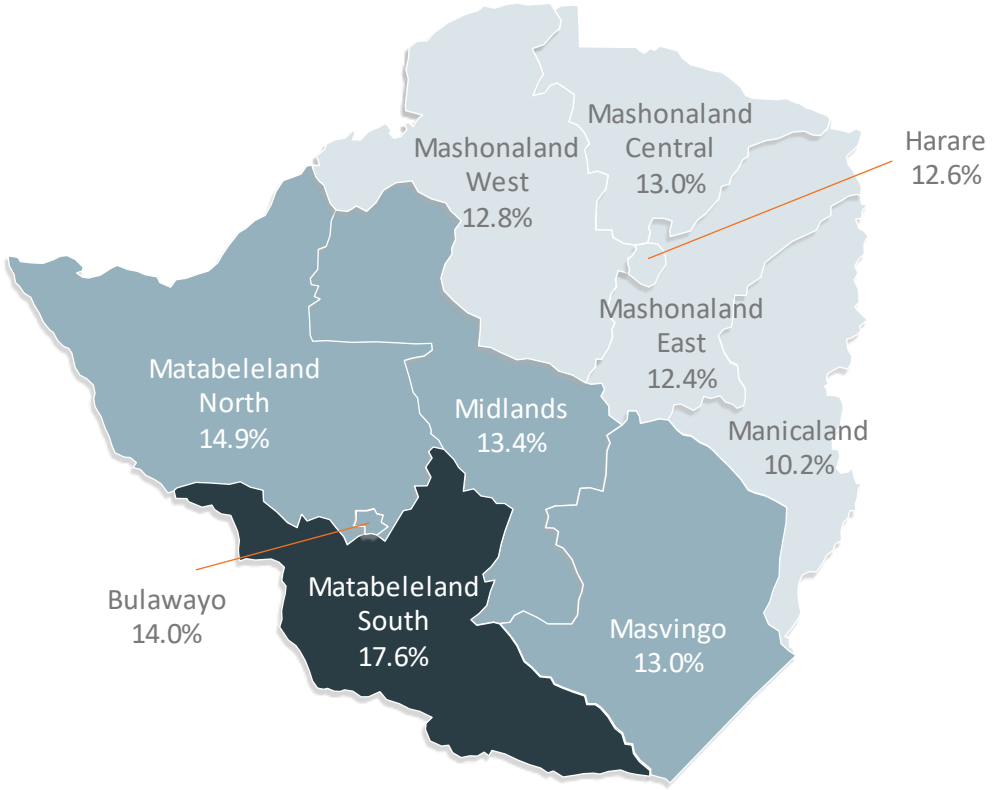
HIV incidence is **highest among females ages 15-49 years**

Source: (1) ZIMPHIA 2020; (2) Extended Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) 2015-2020; (3) UNAIDS Epidemiological Estimate 2021

The HIV epidemic is spread across the country with the highest prevalence in 6 provinces

- Prevalence is the **highest in 6 provinces**: Matabeleland South (17.6%); Matabeleland North (14.9%); Bulawayo (14%); Midlands (13.4%); Masvingo (13%); Mashonaland Central (13%).
- While prevalence is lower in **Harare** (12.6%) and **Manicaland** (10.2%), they are the two provinces with the **highest estimated HIV incidence**.
- **A majority of new HIV infections** are in **urban compared to rural settings**, though 68% of the population lives in rural areas.

HIV prevalence by province, adults 15-64 (2020)



Source: PHIA 2020 Zimbabwe Report, UNAIDS data 2020; Extended Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) 2015-2020

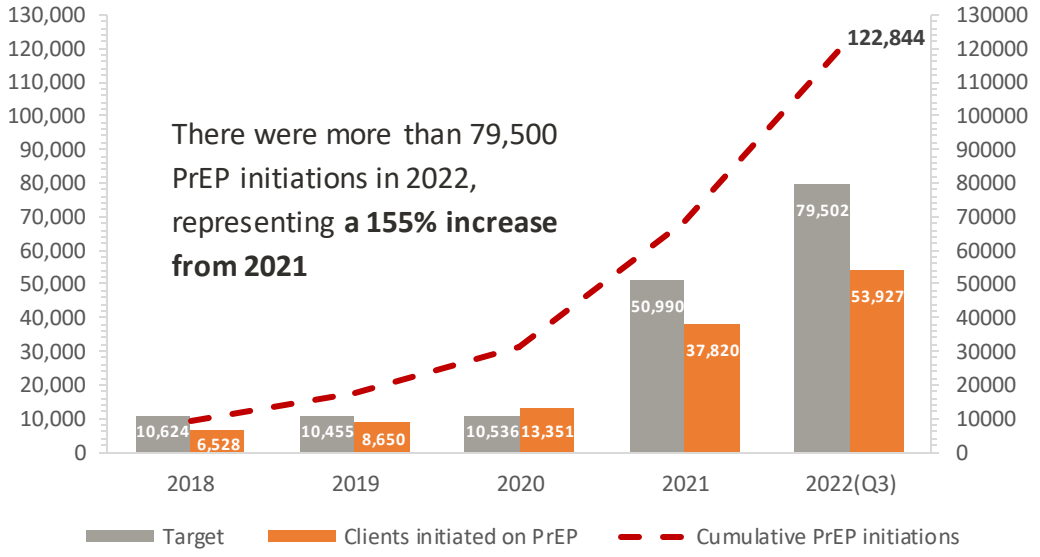
Oral PrEP rollout in Zimbabwe has been successful & offers significant learnings for the introduction of CAB PrEP

CURRENT SITUATION FOR ORAL PrEP

- **Cumulative PrEP initiations** totaled **122,800 by September 2022**[1]. About 6,000 unique individuals initiate PrEP every month.
- **Oral PrEP is widely available but varies by geography.** PrEP is available in over 350 sites in all 10 provinces, but uptake is highest in Harare, followed by Bulawayo and Midlands.[2]
- **PrEP initiations are gaining pace, despite significant barriers.** New initiations of oral PrEP increased exponentially, and exceeded 140% of targets in 2022, driven by AGYW and FSW, who accounted for 74% of initiations. 2022 targets were revised upwards to 53,000. This growth comes despite occasional stock ruptures in facilities, chronic shortages of health care workers, and product specific barriers such as PrEP-associated stigma.[1]
- **Access to PrEP is supported by several delivery options:**
  - PrEP delivery is driven through public sector HIV opportunistic infection (OI) clinics and complimented by DREAMS sites.
  - Community-based distribution of PrEP via mobile services and drop-in-centers (DICs) gained pace in 2020, but limited integration into FP and sexual and reproductive health (SRH) clinics has impeded access.

*"MoHCC generally prefers a **phased approach to new interventions**. Identify carefully selected introduction locations and learn from that before scaling up."* - **Implementer**

Trends of clients initiated on PrEP, 2018-2022 [1]



Source: (1) Data shared by PZAT, 2023; (2) PrEP Watch, 2021

CAB PrEP is an opportunity to expand the reach of HIV prevention interventions to populations in need

Zimbabwe's current HIV prevention strategy identifies populations for PrEP at high risk of HIV infection including AGYW, male and female sex workers (FSW); and men who have sex with men (MSM). Truck drivers, prisoners and sero-discordant couples, and pregnant and breastfeeding people (PBFP) are also identied[1].

Priority groups	Who are they?	Considerations
Key Populations (KPs)	• Female sex workers (FSW) • Men who have sex with men (MSM) • Transgender people • People with disabilities (PWD) • Long distance truck drivers • Men in confined spaces e.g., prisoners and miners	• FSW in particular are recognized as being at highest risk of getting infected with HIV
General Population	• AGYW (15-29 years) • Pregnant and breastfeeding people (PBFP) • Sero-different couples (SDCs)	• DREAMS program prioritizes AGYW and FSWs for PrEP, including segments of this population such as those involved in transactional sex and PBFW • Discordant couples and pregnant women with men of unknown HIV status recognized as being eligible for PrEP

"Don't repeat the mistakes of stigmatizing the product through association with certain populations of users only."
– Researcher

"All populations at high risk of HIV infection should be the primary target group, such as men in confined places like miners and prisoners, and long-distance truck drivers."
- Implementer

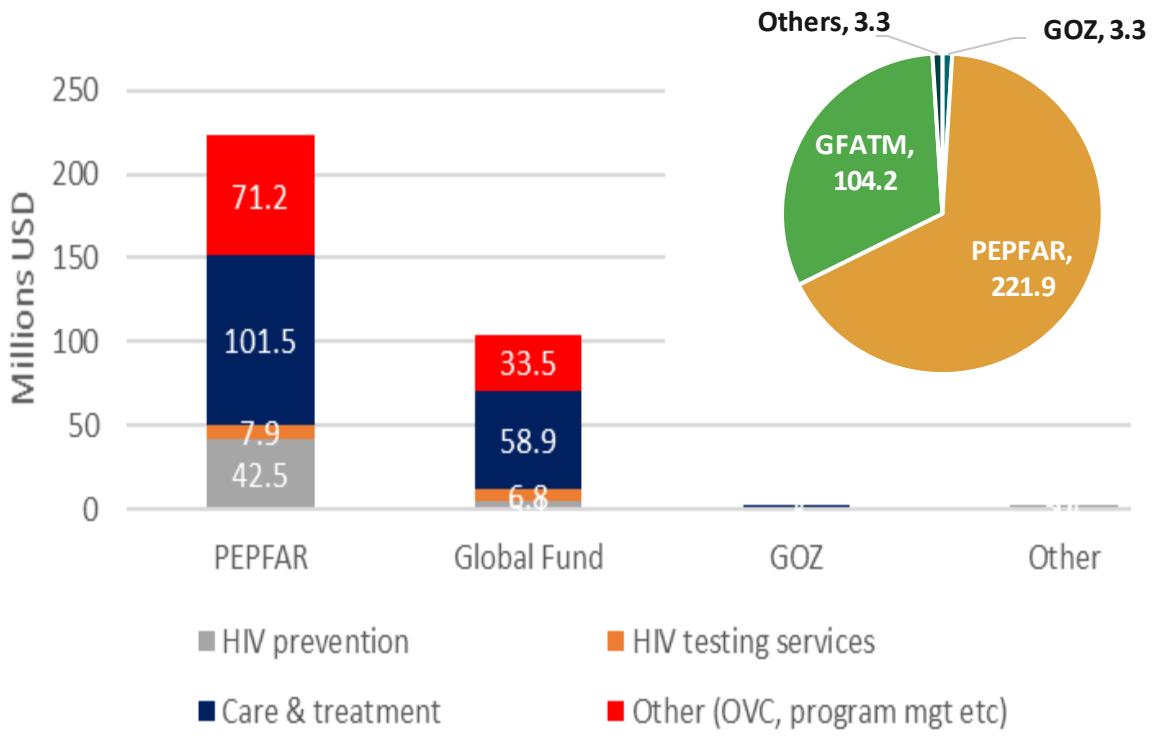
Source: 1 Implementation Plan for HIV Pre-Exposure Prophylaxis in Zimbabwe (2018-2020).

Funding contributions towards HIV

Global Fund and PEPFAR are the leading donors in Zimbabwe. As Zimbabwe sustains epidemic control, a multistakeholder committee are developing and implementing a sustainability roadmap that to enhance the role of Zimbabwean institutions and funding from the government.

- Total investment in Zimbabwe for HIV in 2022 was estimated at $336.3m USD, of which **$51.8m was allocated for prevention,** and $14.9m for testing.
- **PEPFAR contributes ~66% of total funding in Zimbabwe but contributions are dropping,** from $222m in 2021 to $203m in COP 22.
- GFATM contributes **~31% of funding or** $104m in 2021.
- Zimbabwe's National AIDS Transition Fund is supported through a 3% income tax levy for individuals and a 3% tax on the profit of employers and trusts. The **levy has raised over US$30 million** per year since 2012, a visible sign of the commitment of the government of Zimbabwe to fund their own HIV response.
- **30% of total funding** in Zimbabwe supports commodity procurement, driven by ART.

FY21 HIV FUNDING BY DONOR [2]



Source: Zimbabwe Country Operational Plan 2021; (2) Data compiled by Mann Global Health using data from PEPFAR COP 2021

Current situation of HIV prevention

Findings for CAB PrEP introduction planning

Sources and notes

CAB PrEP introduction framework

This value chain framework has been used across countries to support planning for the introduction of PrEP products. It identifies necessary steps for PrEP introduction and scale-up across five major categories and across priority delivery channels. It can also be used to track progress toward introduction of various PrEP products by different partners.

Value Chain for PrEP

PLANNING & BUDGETING

National and subnational plans are established to introduce and scale-up PrEP products.

SUPPLY CHAIN MANAGEMENT

PrEP products are available and distributed in sufficient quantity to meet projected demand via priority delivery channels.

DELIVERY PLATFORMS

PrEP products are delivered by trained providers in priority delivery channels to effectively reach end users.

UPTAKE & EFFECTIVE USE

End users know about and understand PrEP products and know how to access and effectively use them.

MONITORING, EVALUATION, & LEARNING

PrEP products are effectively integrated into national, subnational, facility, community, and program monitoring systems.

Key findings from stakeholder consultations

- Stakeholders, including the MOHCC, donors, research institutions, implementing partners, and potential end users, **expressed excitement and enthusiasm** about CAB PrEP.
- Zimbabwe has a **strong political commitment and leadership for HIV prevention**, with demonstrated commitment for the HIV response through the HIV and AIDS Trust Fund, which will bolster the support from donor organizations and ensure sustainability of the HIV prevention program.
- The PrEP Technical Working Group (TWG), led by the Ministry of Health and Child Care (MoHCC), will be a critical actor to **ensure CAB PrEP is integrated into planning and budgeting** for HIV prevention within the country.
- The Medicines Control Authority of Zimbabwe (MCAZ) was **the first African regulatory body to approve of CAB PrEP as a biomedical HIV prevention method** in July 2022. Stakeholders expect that CAB PrEP will be easily integrated across supply chain systems led by NatPharm with support from Chemonics and GHSC-PSM.
- Zimbabwe will likely take a **phased approach to CAB PrEP rollout**, focusing on priority geographies and building on the existing oral PrEP interventions that are targeted for AGYW and KP groups. The rollout of CAB PrEP will be informed by the lessons learned from rollout of CAB PrEP from PEPFAR as well as the introduction research such as the CATALYST study.
- However, the success of CAB PrEP and other HIV prevention methods will depend on it being understood as not only for SDCs and KP groups – but also for adolescent people particularly women and girls as well as their male partners. During the initial rollout of oral PrEP, the **focus on FSW and other KP groups led to stigma and discrimination for the general population**.

CAB PrEP introduction situation analysis

PLANNING & BUDGETING	SUPPLY CHAIN MANAGEMENT	DELIVERY PLATFORMS	UPTAKE & EFFECTIVE USE	MONITORING, EVALUATION, & LEARNING
Plans, systems, and processes to support service integration across priority delivery channels, including reproductive health/family planning and private sector providers/pharmacies				
Convene new or existing subcommittee or task team within HIV prevention or PrEP **technical working groups.**	**Register** CAB PrEP and include it on the national essential medicines list, if needed.	Dedicate resources to conduct regular **HIV tests, initiate PrEP, and support ongoing CAB PrEP use.**	Develop and implement **demand generation strategies** that include CAB PrEP promotion.	Update or establish **integrated monitoring tools** to support data collection and analysis on PrEP use across multiple products.
Identify **focus populations and set targets** to inform CAB PrEP planning.	Update **supply chain guidelines and logistics systems** to include CAB PrEP.	Develop trainings and materials for **health care workers** on CAB PrEP.	Address social norms/stigma to build **community and partner acceptance** of CAB PrEP use.	Establish systems for **pharmacovigilance** and to monitor drug resistance.
Engage **community stakeholders** to inform planning for CAB PrEP rollout.	Conduct **forecasting and/or quantification** to inform procurement of CAB PrEP.	Establish **referral systems** to link clients from other channels to sites providing CAB PrEP.	Develop **information and tools for clients** to support product choice.	Conduct **implementation science** research to inform policy and scale-up.
Include CAB PrEP in national HIV prevention and other relevant **plans and policies** (e.g., HIV testing, FP).	Establish **procurement, commodity monitoring, and distribution** for CAB PrEP and associated materials.	Integrate support for **partner communication** and services for intimate partner violence response.	Support **effective use** of CAB PrEP.	
Issue standard **clinical guidelines** for delivery and use of CAB PrEP.				
Develop an **implementation plan and budget** to guide initial introduction and scale-up of CAB PrEP.	Establish **storage and distribution systems** that maintain temperature controls for CAB PrEP.			

COLOR KEY

- Opportunity to easily build on oral PrEP rollout
- Will require new effort, but no anticipated challenges
- Requires significant consideration specifically for CAB PrEP

Zimbabwe CAB PrEP introduction situation analysis

Findings from the Zimbabwe situation analysis are summarized below, with details included on the following slides.

PLANNING & BUDGETING

- A national PrEP Technical Working Group (TWG) comprised of implementers, donors, and the MoHCC provides overall leadership of the PrEP program.
- Guidance for CAB PrEP will soon be included in the Zimbabwe Treatment and Prevention Guidelines as an addendum. The Operational & Service Delivery Manual (OSDM), the National PrEP Training Manual, and the Zimbabwe PrEP Implementation Plan 2023-2026 are currently being updated for oral PrEP and will mention new PrEP methods such as CAB PrEP.
- Global Fund (GFATM) and PEPFAR are the primary donors for HIV programming, although the Govt. of Zimbabwe (GoZ) has committed funding for PrEP in the latest quantification report ($650,000 projected in 2023).
- CAB PrEP has been included in the PEPFAR COP 23 and GFATM 2022/23 funding cycles. MoHCC expects to do a phased scale up of CAB PrEP following favorable findings from PEPFAR rollout as well as the implementation study CATALYST.

SUPPLY CHAIN MANAGEMENT

- MCAZ approved CAB PrEP as a biomedical HIV prevention method in Zimbabwe in July 2022.
- CAB PrEP can be integrated into current oral PrEP supply chain processes through the Zimbabwe Assisted Pull System (ZAPS), managed by NatPharm with support from GHSC-PSM.
- CAB PrEP can also build on oral PrEP for forecasting, procurement, warehousing and distribution.
- However, stakeholders anticipate that there will be challenges to meet the high anticipated demand for CAB PrEP, which may impact supply planning and stock levels across facilities.

CAB PrEP DELIVERY PLATFORMS

- PrEP service delivery at traditional sites is driven by opportunistic infection (OI)/ART clinics as well as community-based models such as mobile clinics, drop-in-centers, and DREAMS sites.
- For the introduction of CAB PrEP, there is an opportunity to integrate the injection within existing oral PrEP services in public HIV clinics as well as expand on the variety of delivery channels available within community settings (e.g., FBOs, mobile clinics, and DREAMS, etc.).
- PZAT supported the MoHCC to develop a provider training curriculum and supportive provider job aids, which was first rolled out to CATALYST sites in 2023.

UPTAKE & EFFECTIVE USE

- While the Comprehensive National HIV Communications Strategy has been updated to include oral PrEP, there are limited national demand generation efforts. Each implementing partner is responsible for demand generation at the facility and community level.
- Stigma and misconceptions persist among communities, which has greatly affected PrEP uptake and effective use. Issue with oral PrEP include pill burden, fears of intimate partner violence (IPV) and misconceptions on the use of PrEP.
- Peer approaches such as PrEP champions, safe spaces, youth-friendly services, and social media campaigns have proved effective strategies to support uptake of oral PrEP among priority populations.

MONITORING, EVALUATION, & LEARNING

- The healthcare system relies mainly on paper-based tools for data collection, which leads to poor data quality and sub-par quantification.
- An Electronic Health Records (EHR) system is being rolled out, but a mixture of paper-based tools and the EHR is expected for 2024 due to power outages interrupting internet. The MoHCC is prioritizing capacity building for HCWs to use EHR to collect client level data to utilize in programming.
- MOSAIC supports MOH-led national HIV Drug Resistance monitoring for PrEP. High attrition of trained HCWs has made HIVDR monitoring a challenge to track potential sero-conversion of end users.
- Implementation science for CAB PrEP is underway through CATALYST led by PZAT and MOSAIC.

Planning & budgeting key steps

	Current situation of oral PrEP	What is needed to introduce CAB PrEP
Convene new or existing subcommittee or task team within HIV prevention or PrEP **technical working group.**	• A national PrEP Technical Working Group (TWG) guided the rollout of oral PrEP and continues to meet quarterly. • Planning to integrate HIV-SRH services is underway led by the MoHCC, ZNFPC, and the WHO with support from PZAT.	• National decision-making processes regarding new product introduction is coordinated through an expert committee, including the National Guideline Adaptation Steering Committee (NASC), the Registration Committee, and Pharmacovigilance Committee of MCAZ. • A taskforce has been formed to focus on CAB PrEP introduction planning.
Identify **focus populations and set targets** for PrEP methods.	• Initial oral PrEP rollout targeted FSW. Zimbabwe's current strategy focuses on AGYW, sex workers, MSM, truck drivers, prisoners, SDCs, and PBFP. • Targets were originally set based on PEPFAR program data until the rollout of PrEP-IT to determine national PrEP targets.	• PrEP TWG is currently working on PrEP targets that will include CAB PrEP, with a priority for FSW. Targets will be set in the TWG in December 2023. • There will not be specific targets for each product, but an estimated ratio of oral PrEP users who will switch to CAB PrEP.
Engage **community stakeholders** to inform planning for PrEP rollout.	• Stakeholders note the importance of engaging pastors, parents, general public, and partners during oral PrEP introduction. • The NAC Youth Council (national and provincial levels) was identified as a potential partner to help build support for PrEP use among AYP for PrEP. • The National Prevention Partnership Forum for the MoHCC was established to elevate perspectives of end users and meets quarterly.	• The PrEP TWG is engaging community stakeholders through the taskforce formed through the TWG to inform PEPFAR CAB PrEP rollout. • The HIV Prevention Partnership Forum will also be leveraged to engage end users and communities on CAB PrEP planning. • PZAT is also supporting community stakeholder engagement under CDC and PEPFAR grants as well as conducting literary sessions with KP communities.
Include PrEP in national HIV prevention and other relevant **plans and policies** (e.g., HIV testing, FP, private sector).	• The Directorate of HIV/AIDS within the MoHCC leads the development of policies and guidelines for HIV prevention. Through the NASP, NMTPAC oversaw the review of guidelines to update plans with the new PrEP methods. The Zimbabwe National HIV/AIDS Strategic Plan (2021-2025) were also updated to include oral PrEP in 2021. • The newly adapted Strategic Framework for Public-Private Partnerships for TB/HIV Prevention, Treatment, Care and Support lays out a supportive and clear road map to engage private providers for oral PrEP.	• CAB PrEP is being added to the existing HIV prevention policies and plans as an addendum (currently underway).
Issue standard **clinical guidelines** for delivery and use of PrEP methods.	• The Operational & Service Delivery Manual (OSDM) and the National PrEP Training Manual were also updated in 2022, including oral PrEP and mentioning new PrEP methods.	• The OSDM mentions CAB PrEP as one of the products under development; detailed guidance for CAB PrEP is currently being added as an addendum. • The timeline for approval and dissemination has not yet been determined.
Develop an **implementation plan and budget** to guide initial PrEP introduction and scale-up.	• The Zimbabwe PrEP Implementation Plan 2023-2026 was updated utilizing lessons learnt on oral PrEP, the PrEP ring and pipeline PrEP products. • The Global Fund (GFATM) and PEPFAR are the primary donors for HIV programming. The GoZ established a 3% AIDS levy to procure ARVs and support other program activities ($650,000 projected in 2023).	• CAB PrEP has been included in the PEPFAR COP 23 and GFATM 2022/23 funding cycles. An implementation plan for CAB PrEP is under development for PEPFAR CAB PrEP rollout in 2024. • Stakeholders expect that CAB PrEP will be integrated through a phased approach, informed by PEPFAR CAB PrEP rollout and CATALYST. • A costing study for CAB PrEP will be included in the CATALYST study.

SUPPLY CHAIN MANAGEMENT

Supply chain management key steps

	Current situation of oral PrEP	What is needed to introduce CAB PrEP
Register PrEP methods and include on the national essential medicines list, if needed.	• MCAZ approved oral PrEP (Truvada) for use in Zimbabwe in 2015.	• MCAZ approved CAB PrEP for use in Zimbabwe in July 2022, becoming the first country in Africa and first low- and middle-income country to approve of CAB PrEP.[1] • CAB PrEP will need to be placed on the Essential Medicines List.
Update **supply chain guidelines and logistics systems** to include PrEP products.	• Supply chain of HIV commodities is managed by the MoHCC with technical support from NatPharm with technical support from GHSC-PSM. • NatPharm supplies both the public and not-for-profit private sectors with all commodities, including HIV and SRH commodities, (e.g., CeSSHAR sites, PSZ clinics). • Oral PrEP is fully functional in the Zimbabwe Assisted Pull System (ZAPS), which is managed by MoHCC, through the Department of Pharmacy Services, and NatPharm.	• CAB PrEP has already been integrated into the national Logistics management and Information System (LMIS) in 2023.
Conduct **forecasting and/or quantification** to inform procurement of PrEP products.	• MoHCC conducts forecasting, supply planning and pipeline monitoring for oral PrEP and related commodities with support from GHSC-PSM and other partners. • Oral PrEP programs have experienced stockouts signaling continuing challenges with target setting which informed the forecasting and quantification of oral PrEP.	• Improvements to target setting and populations size estimates have improved which will help inform forecasting and quantification for CAB PrEP. • However, stakeholders anticipate that similar challenges for forecasting and quantification will be expected given CAB PrEP will be a new product integrated within HIV prevention programming.
Establish **procurement, commodity monitoring, and distribution** for PrEP products and associated materials.	• Procurement of oral PrEP is heavily dependent on PEPFAR and GFATAM support for oral PrEP commodities. The MoHCC oversees and NatPharm executes the warehousing and distribution of PrEP commodities to public facilities with technical support from GHSC-PSM. • During the initial rollout of oral PrEP, the MoHCC adopted a phased scale up approach whilst attempting to balance demand creation with available resources. Therefore, demand did not match initial procurement of oral PrEP, particularly at public health facilities, and early PrEP stocks were redirected towards use for HIV treatment. • Furthermore, there has been limited funding for the procurement of oral PrEP commodities. This has been a bottleneck for the scale-up of PrEP services.	• Stakeholders expect CAB PrEP will be easily integrated into the procurement process in the national supply chain, driven by the MoHCC with support from NatPharm and GSCH-PSM, including supply of HIV testing and appropriate syringes for CAB PrEP. • Procurement of CAB PrEP will be heavily dependent on PEPFAR and GFATAM support for commodities.
Establish **storage and distribution systems** that maintain temperature controls for PrEP products, if needed.	• *Not applicable for oral PrEP.*	• While most public facilities have temperature loggers or air conditioner units, there is a need to strengthen the capacity of facilities to monitor and ensure ambient room temperatures do not rise above 30°C.

Source: (1) WHO Press Release, November 2022

PrEP delivery platforms key steps

DELIVERY PLATFORMS

	Current situation of oral PrEP	What is needed to introduce CAB PrEP
Dedicate resources to conduct regular **HIV tests, initiate PrEP, and support ongoing PrEP use.**	• PrEP service delivery is still limited to certain delivery channels such as opportunistic infection (OI) / ART clinics and DREAMS sites. • One of the COP22 priorities is the integration of PrEP services to facilitate access at other entry clinics and private facilities. The updated OSDM for providers emphasized integration of MCH / SRH / FP with HIV programs in order to increase HIV testing services among PFBP and their partners, and reduce delays in linkages to prevention, including oral PrEP. • MoHCC also prioritized scale up to PBFP and other populations through differentiated service delivery models including peer mobilizers and integration in family planning (FP) / antenatal care (ANC) / postnatal care (PNC) services. • New pilots are currently underway on PrEP for PBFP, while CATALYST sites will also explore opportunities to solidify integration.	• Implementing partners expect that CAB PrEP can be smoothly integrated into existing service delivery systems both at the facilities as well as the community level. • While there are opportunities for CAB PrEP to build on oral PrEP integration in FP / ANC / PNC services, CAB PrEP will not be available for PBFP until approved.
Develop trainings and materials for **health care workers** on PrEP methods.	• A high attrition and shortage of staff trained on oral PrEP at many public sector facilities led to MoHCC needing to reprioritize capacity building for PrEP within KP, HIV prevention and DREAMS programming. • Providers are critical gatekeepers to uptake, and therefore PZAT's role is critical to support the development of training curriculum and job aids, as well as the dissemination of updated guidelines.	• The OSDM and the National PrEP Training Manual are being updated to include oral PrEP and will mention the new PrEP method such as CAB PrEP. • PZAT has supported the MoHCC to develop a provider training curriculum and supportive provider job aids, beginning training for HCWs at CATALYST sites throughout 2023. • Stakeholders feel that training will be needed to help HCWs with administering an intramuscular (IM) injection, guiding end users to make informed choice, as well as supporting clients on how to adhere and effectively use CAB PrEP (e.g., not to miss doses, etc.). • There are concerns whether there will be enough funding to carry out a national training of HCWs on CAB PrEP outside of PEPFAR-supported sites.
Establish **referral systems** to link clients from other channels to sites providing PrEP.	• Referral systems have been established within HST and HIVST and continue to be important for oral PrEP.	• The OPTIONS project tested several strategies to establish referrals from HIV testing to HIV prevention, which could be adapted for CAB PrEP.
Integrate support for **partner communication** and services for intimate partner violence response.	• Training for intimate partner violence (IPV) has not yet been integrated into the standard PrEP package. Providers do have information and tools to refer and guide a client, however majority of public sector HCWs are not screening for IPV.	• There is a need to improve IPV training with HCWs to do comprehensive screenings as well as refer clients to NGOs or support networks. • This can build from the LIVES module already available and being rolled out under CATALYST.

Potential delivery channels for CAB PrEP

DELIVERY PLATFORMS

Plans, systems, and processes to support service integration across priority delivery channels, including reproductive health/family planning and private sector providers/pharmacies

	Current situation of oral PrEP	What is needed to introduce CAB PrEP
Integration in **public sector HIV services**	• Oral PrEP is widely available in public HIV facilities, resulting in strong uptake of PrEP among SDCs. • Providers are highly trained in PrEP/ART and sensitized to reach KPs. However, there is high stigma for the general population, especially outside of SDCs, and public services are not considered youth-friendly for AGYW. • OPHID is also collaborating closely with the MoHCC to integrate PrEP services across the national health delivery systems.	• Need to address challenges around PrEP stockouts • Training of HCPs • Furthermore, there are serious shortages of HCWs.
Integration in **public sector FP / SRH / MCH health services**	• While some FP services offer PrEP, provision of PrEP in FP clinics is still limited due to historic silos between HIV and FP clinics. There is a key opportunity for expanded PrEP services given 90% of PBFP receive ANC services and already have integrated routine HIV testing. • FP providers need training in PrEP/ART provision to address challenges in applying screening tools as well as HCW capacity to counsel for both FP and HIV. HCWs are already trained on administering IM injections as well as HIV self-testing. However, FP providers are not seen as youth-friendly. • The integration of PrEP in the high-volume Zimbabwe National Family Planning Council (ZNFPC) was a successful pilot delivery channel for the general population, particularly HIV negative women. However, the pilots have been difficult to sustain as PrEP screening and delivery were not fully integrated in service delivery (e.g., end users needed to stand in multiple separate lines for FP and oral PrEP services).	• Need to break down the historic silos between FP and HIV commodities within national supply chains • FP providers would require training on PrEP/ART provision as well as training to support AGYW with youth-friendly counselling.
Integration in **NGO clinics / social franchises**	• Social franchise models are typically located in major cities (e.g., Population Services International is in all major cities, Population Services Zimbabwe is in 6 of 19 provinces, CeSHHAR Zimbabwe has 6 sites in major towns and 24 outreach sites). Population Solutions for Health (PSH) launched New Start Social Franchise and integrated oral PrEP into FP and STI screening. • Social franchise models could be an opportunity for more affordable / free services. Cost is a bit higher than public sector, but lower than private sector with subsidized services (more affordable for all income levels).	• There is limited scale due to dependency on subsidized products or donor funding. • Potentially would need to train HCWs for IM injections.
Integration in **community-based models** (e.g., FBOs, drop-in-centers, mobile, DREAMS, etc.)	• PrEP has been integrated within community-based models, particularly through drop-in-centers (DICs) and youth-friendly DREAMS sites, resulting in high uptake of PrEP among AGYW and KPs. Community-based models report high end user satisfaction, viewing these sites as safe spaces, fast and discrete. They also provide continuation support. • DREAMS reaches AGYW with a package of services including PrEP, operating in 16 districts in 10 provinces through youth-friendly corners in community settings. However, DREAMS faces frequent HR challenges and stock outs for oral PrEP.	• Need to ensure access to trained HCWs (e.g., nurses) to administer CAB PrEP. • Need to address challenges around PrEP stock ruptures in facilities • Sites are highly donor-dependent and high-cost models
Integration in **private sector clinics and pharmacies**	• Oral PrEP is available in pharmacies with a prescription; HIV self-testing is increasing in availability. However, the supply of ART and oral PrEP is modest. There have been some stock-outs of PrEP in pharmacies as well as other challenges with referrals and / or the provision of ancillary services (e.g., lack of standardized training for HIV services). • Private sector health channels (e.g., pharmacies, private hospitals / clinics) present a key opportunity for PrEP, particularly from women who access contraceptive in the private sector (~30%) who are able to pay out of pocket.	• Access to CAB PrEP in the private sector would be an opportunity to offer PrEP to client who can afford to buy the drug, seek discretion, and appreciate reduced wait times.

Potential delivery channels for CAB PrEP

For the introduction of CAB PrEP, there is an opportunity to integrate the injection within existing oral PrEP services in public HIV clinics as well as expand on the variety of delivery channels available within community settings (e.g., FBOs, mobile clinics, and DREAMS, etc.). Furthermore, there is an opportunity to build on ANC/PNC where oral PrEP has started and look for longer-term opportunities for further expansion within FP services.

	Access assessment			Capacity assessment		
Service delivery channels	Reach to HIV-negative priority populations	Affordability of services for a range of income levels	Offers oral PrEP or other relevant products (e.g., condoms, FP, HIV testing)	Existing HIV counseling and testing services	HCW capacity to administer CAB PrEP injections and support follow-up	Link to national supply chain and temperature-controlled storage for CAB PrEP
Public sector HIV services	Limited; high stigma associated with HIV clinics outside of SDCs	Very high; only need to cover a small administration fee (~USD 1.5 – 2)	Very high; HCWs trained to provide SRH services	Very high; HIVST available in all facilities	High; however experiencing HCW shortages	Medium; intermittent PrEP stock outs
Public sector SRH / FP/ MCH health services	Medium; strong reach to HIV neg women; however not viewed as youth-friendly	Very high; only need to cover a small administration fee (~USD 1.5 – 2)	High; a few pilot projects for PREP	Limited; FP providers trained on HTS but not specific HIV preventions such as PrEP	Medium; already offer IM injections, but high staff attrition of staff trained for PrEP	Limited; Provision of PrEP in FP still limited due to historic silos
NGO clinics / social franchises	High; particularly for KPs and AGYW	High; free services available through donor support or at a low cost	Very high; wide number of PrEP implementing organizations	High	High	Medium; risk of stock-outs if supplies prioritized for HIV facilities and possible lack of AC units or refrigerators in rural settings
Community-based models (e.g., FBOs, mobile, DICs, DREAMS, etc.)	Very high; particularly for AGYW and KPs	Medium; services offered for free with donor support but is high-cost programming	High; many differentiated models available for oral PrEP	High	Medium; requires access to community-based health workers with IM injection training	Medium; risk of stock-outs if supplies prioritized for HIV facilities and possible lack of AC units or refrigerators in rural settings
Private sector clinics and pharmacies	Medium; wide access to general population but limited access to KPs	Limited; out of pocket payments mostly required	Limited; possibility in pharmacies for resupply but cannot initiate PrEP	Medium; lack of standardized training in HIV services	Medium; can administer IM injections but need training on PrEP methods	Medium; supply of ART and PrEP is modest and less accessible for resupply

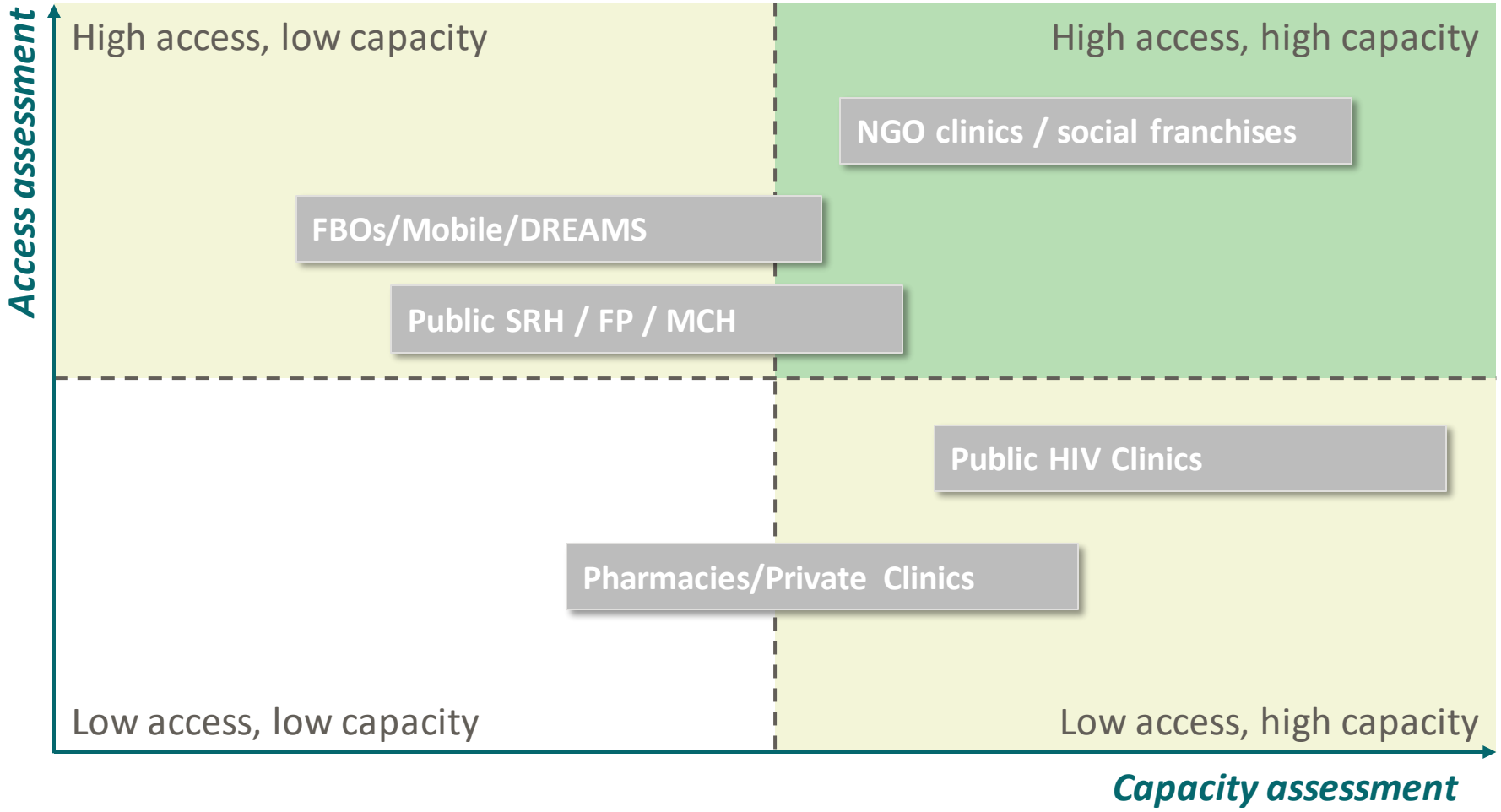
Rating key Very high / high access or capacity Medium access or capacity Limited access or capacity

Prioritizing delivery channels for CAB PrEP

DELIVERY PLATFORMS

- Bringing together the access and capacity dimensions allows us to assess delivery channels against **both criteria**
- The channels in the **upper right corner** have both high capacity to integrate CAB PrEP within HIV prevention services and high access to priority HIV negative populations who would benefit from CAB PrEP
- Channels in the **upper left** have less capacity to integrate CAB PrEP, but have high access to priority HIV negative populations
- Channels in the **lower right** have less access to priority HIV negative populations but have high capacity to integrate CAB PrEP
- Channels in the **lower left** have neither the capacity or reach to effectively integrate CAB PrEP

Delivery channel prioritization



Uptake & effective use key steps

UPTAKE & EFFECTIVE USE

	Current situation of oral PrEP	What is needed to introduce CAB PrEP
Develop and implement **demand generation strategies** that include PrEP promotion.	• The Comprehensive National HIV Communications Strategy is a guiding framework for demand creation. PZAT has supported updates for oral PrEP, including digital health components. However, limited funding restrains its application. • Many national campaigns supporting oral PrEP have struggled to maintain traction, and are characterized by short-term, geographically targeted interventions. Lessons can be taken from uccessful demand generation strategies such as the "V Campaign", where oral PrEP was rebranded with a fun discrete packaging that promoted PrEP as a self-care experience for young women to take charge of their own SRH through enhanced privacy, convenience, confidentiality, quality and consistent supply of health products and services.	• Stakeholders expect that the existing policies, strategies and platforms for oral PrEP can be leveraged for the introduction of CAB PrEP. • However, there is limited funding for demand generation from donor organizations to support the creation of national campaigns and strategies. • There is a need for demand generation strategies that emphasize choice across PrEP methods and are agnostic to a specific product form.

Address social norms/stigma to build **community and partner acceptance** of PrEP use.	• The biggest challenge for oral PrEP uptake was due to stigma associated with PrEP. There was misconceptions that PrEP was a "drug for sex workers" due to packaging associated the ARVs. Furthermore, there continues to be low community awareness on the use and benefits of PrEP; social misconceptions on "promiscuous behavior" persist for PrEP.
	  • Across general populations, there is higher uptake amongst females (particularly AGYW and PBFP). However, there is discontinuation of PrEP amongst AGYW and PBFP due to pill burden as well as fears related around PrEP-associated IPV.
	  • Males prefer condoms and cite issues around pill burden.
		• Vaccine hesitancy associated with COVID vaccines could also hamper uptake of CAB PrEP initially.
		• While there is high anticipated demand from priority populations for CAB PrEP due to the discretion of an injectable product, stakeholders are concerned that community stigma for PrEP will continue when rolling out CAB PrEP. Stigma can addressed through mass media campaigns and community engagement with village HCWs and leaders.

Develop **information and tools for clients** to support product choice.	• COP 22 prioritized developing and disseminating more IEC materials on PrEP for KPs. • Peer approaches such as PrEP champions, safe spaces, youth-friendly services, and social media campaigns have proved effective strategies to support uptake of oral PrEP among priority populations.	• Stakeholders expect that the strategies developed for oral PrEP can be easily leveraged for the introduction of CAB PrEP, learning from CATALYST findings. • Due to the differences in PrEP perceptions for each population subgroup, stakeholders feel that tailored messaging will be needed when introducing CAB PrEP.
Support **effective use** of PrEP products.	• Implementing partners have been supporting end users with follow-up appointments at the facilities to constantly check on the PrEP clients and see if the end user has a side effects. In the DREAMS sites, the follow-up check-ins help to also build trusting relationship with end users and hear what are the challenges and reactions to oral PrEP.	• Follow-up appointments and other support strategies such as safe spaces and PrEP champions will continue to be important channels to ensure adherence and effective use for CAB PrEP.

Monitoring key steps

MONITORING, EVALUATION, & LEARNING

	Current situation of oral PrEP	What is needed to introduce CAB PrEP
Update or establish **integrated monitoring tools** to support data collection and analysis on PrEP use across multiple products.	• The introduction of oral PrEP revealed gaps in the ability of existing M&E systems to measure the overall reach and impact of PrEP. The healthcare system relies mainly on manual tools for data collection, which leads to poor data quality and sub-par quantification. Most facilities have one PrEP register, but challenges include data discrepancies between registers and DHIS2; some facilities are using old registers. • Zimbabwe's electronic patient monitoring system (ePMS) is currently used at 624 ART sites. An Electronic Health Records (EHR) is being rolled out across facilities with services such as HTS, VMMC, and PrEP. Paper-based tools are being used in parallel due to power outages interrupting internet connection. The MoHCC is building the capacity of HCW to use the EHR system to collect client level data to utilize in PrEP programming.	• The EHR system has integrated CAB PrEP to collect detailed information on client trends. • However, some stakeholders are concerned that monitoring program performance will be limited with nearly half of districts still using cross-sectional data with paper-based tools. There will be challenges to track CAB PrEP uptake in comparison to oral PrEP without a longitudinal analysis of subpopulations over a period of time.
Establish systems for **pharmacovigilance** and to monitor drug resistance.	• MOSAIC supports MOH-led national HIV Drug Resistance monitoring for PrEP. • PZAT is working with the National Microbiology Reference Lab (NMRL) in Harare to set up and validate HIVDR testing and training of NMRL scientists, including working closely with a laboratory consultant. • High attrition of trained HCWs has made HIVDR monitoring a challenge with untrained personnel not following protocols to monitor for sero-conversion.	• Stakeholders expect that the systems for HIVDR monitoring can be leveraged to include and / or adapted for CAB PrEP. • The high attrition of trained HCWs may be a concern for CAB PrEP monitoring for HIVDR.
Conduct **implementation science** research to inform policy and scale-up.	• A key lesson from oral PrEP was to introduce new products through a phased approach, starting with donor-funded demonstration projects and DREAMS, followed by a full-scale rollout based on lessons learned, the impact on averting HIV infections and resource mobilization.	• The CATALYST study led by MOSAIC with PZAT launched in the second quarter of 2023 in six sites across Zimbabwe. The aim of the study is to describe the implementation of an enhanced service delivery package providing choice of PrEP products among women at PEPFAR/USAID delivery sites.

Current situation of HIV prevention

Findings for CAB PrEP introduction planning

Sources and notes

Note on terminology

In efforts to be more precise and not contribute to the stigmatization of people living with HIV or those who may benefit from HIV prevention products, we have made a few language shifts:

- **Serodifferent instead of serodiscordant**. This change reinforces that while the HIV status of people can be different, it does not put them in discord. It is completely okay for people to have different HIV serostatuses.
- **Minimizing use of the terms "risk" and "risky."** The terms can have so many different definitions and may stigmatize certain behaviors, impose labels on clients, or stigmatize living with HIV itself.
- Using **gender-neutral terms when text is not specifically about gender**. The terms are more inclusive of various gender identities.

Acronyms

AGYW	Adolescent girls and young women
AC	Air conditioning
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ART	Antiretroviral Therapy
ARV	Antiretroviral
AYP	Adolescent and young people
CAB PrEP	Long-acting cabotegravir PrEP
CDC	United States Centers for Disease Control and Prevention
COP	Country Operational Plan
CR	Consumption / Requisition (CR) form
CSO	Civil society organization
DIC	Drop-in-centers
DREAMS	DREAMS Initiative (Determined, resilient, empowered, AIDS-free, mentored, and safe)
DSD	Differentiated service delivery
ED	Event driven PrEP
EHR	Electronic Health Records
EML	Essential Medicines List
ePMS	Electronic patient monitoring system
FBO	Faith based organization
FP	Family planning
FSW	Female Sex Worker
GBV	Gender-based violence
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GHSC	USAID Global Health Supply Chain Program – Procurement and Supply Management
GoZ	Government of Zimbabwe
HCW	Healthcare workers
HIV	Human Immunodeficiency Virus
HTS	HIV testing services
IEC	Information, education, and communication
IPV	Intimate partner violence
KP	Key population
LMIS	Logistics management and information systems
M&E	Monitoring and evaluation
MCH	Maternal and child health
MCAZ	Medicines Control Authority of Zimbabwe
MoHCC	Ministry of Health and Child Care
MOU	Memorandum of understanding
MSM	Men who have sex with men
NASC	National Guideline Adaptation Steering Committee
NatPharm	The National Pharmaceutical Company
NGO	Nongovernmental organization
NMTPAC	National Medicine and Therapeutics Policy Advisory Committee (NMTPAC)
NMRL	National Microbiology Reference Lab
OI	Opportunistic infection
OSDM	Operational & Service Delivery Manual
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PNC	Postnatal care
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
PR	Principle recipient
SRH	Sexual and reproductive health
STI	Sexually transmitted infections
TNBP	Trans and nonbinary people
TWG	Technical Working Group
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USG	United States Government
VCSA	Value Chain Situation Analysis
VMMC	Voluntary medical male circumcision
WHO	World Health Organization
ZAPS	Zimbabwe Assisted Pull System

Key stakeholders interviewed

Interviews conducted by MOSAIC in 2023:

Name	Title	Organization
Getrude Ncube	National HIV Prevention Coordinator	MOHCC
Dr Takunda Sola	National PrEP and KP Medical Officer	MoHCC
Ishmael Chikondowa	M&E Officer HIV Prevention	MoHCC
Newman Batanai Madzikwa	Director Department of Pharmacy Services	MoHCC
Richard Sabumba	National Logistics Coordinator	MoHCC
Juliet Kumirai	Pharmacist - Bulawayo	MoHCC
John Tembo	Provincial Pharmacist - Matabeleland South	MoHCC
Tirivashoma Dube	HIV/AIDS Logistics Senior Manager	GHSC-PSM
James Batuka	Senior Technical Advisor	USAID
Millicent Matenheyi	Supply Chain	USAID
Alexio Mangwiro	Country Director	CHAI
Nonhlanhla Zwangobani	HIV Prevention Programme Manager	CHAI
Dr Pugie Tawanda Chimberengwa	Technical Director	OPHID
Phumuzile Chimberengwa	Technical Lead for DREAMS and SRH program	OPHID
Dr. Phibion Manyanga	Senior Program Manager-Clinical	Zim-TTECH

Interviews conducted by Mann Global Health in partnership with Viiv Healthcare in 2022:

Name	Title	Organization
Dr Nyaradzo Mgodi	Biomedical Research Scientist	University of Zimbabwe Clinical Trials Research centre
Joan Busza	Associate Professor in Sexual & Reproductive Health	LSTHM
Prof. Mufuta Tshimanga **Dr Walter Chikanya**	Prof of Public Health Medicine at University of Zimbabwe & Director at ZiCHIRe Director	ZiCHIRe
Dr Junior Mutsvangwa	Senior Clinical Scientist	Biomedical Research & Training Institute
Dr Blessing Mutede	Clinical Director	Population Solutions for Health (PSH)
Tatenda Makoni	Executive Director	Zimbabwe National Network for People Living with HIV (ZNNP+)
Moses Bateganya **Chris Akolo**	Technical Director, EpIC Global Mechanism Technical Director, HIV Programs	FHI 360
Dr Priscila Tafadzwa Sibanda	Technical Director, Accelerated Comprehensive HIV Care and Treatment for Epidemic Control (ACCE)	Zimbabwe Health Interventions
Dadirai Nguwo	Operations Director	Population Services Zimbabwe

Name	Title	Organization
Primrose Matambanadzo	Program Director for KP Programs	Centre for Sexual Health & HIV/AIDS Research (CeSHHAR)
Dr Emily Gwavava **Definate Nhamo**	MOSAIC Project Lead MOSAIC Deputy Project Lead	PZAT
Dr Rickie Malaba	Public Health Specialist	CDC
Dr Paul Munyaradzi Mapingure	Project Coordinator – Strategic Information	ICAP at Columbia University
Grace Badza	Program Lead: Counseling & Psychosocial Support Unit	GALZ
Jane Kalweo	HIV Focal Person	UNAIDS
Nonhlanhla Zwangobani	HIV Prevention Manager	CHAI

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