Zambia



PrEP Introduction & Scale-Up

Executive Summary: Zambia was the first country in Africa to introduce CAB as part of national programming, demonstrating strong political will and commitment to HIV prevention. The country has seen high PrEP initiation and scale-up, driven by effective stakeholder collaborations. However, increasing PrEP uptake among vulnerable populations, misinformation, stigma, discrimination, and inadequate demand creation efforts continue to hinder access. To ensure long-term availability of PrEP, Zambia is developing a sustainability roadmap to strengthen PrEP provision and access

Key Insights

- Zambia's Successful PrEP Program: Zambia has a strong PrEP program supported by political commitment and various stakeholders, including CSOs and PEPFAR.
- Collaborative Effort for New Product Rollout: The introduction of new PrEP products has been a collaborative effort, with effective coordination among MoH, implementing partners, and CSOs.
- Awareness and Stakeholder Engagement: Partners, especially CSOs, play a key role in collaborating with the MoH and the community to raise awareness and promote oral PrEP and other new products.
- Regulatory and Normative Framework: Zambia is developing guidelines to include new prevention tools like the DVR and DPP. WHO pre-qualification is key to the process.
- Sustainability and Cost Considerations: Zambia prioritizes sustainability and cost-effectiveness in introducing new products. Government is focused on offering prevention options, especially for vulnerable populations, while integrating new products into existing healthcare systems with careful planning and community involvement.

Key Implications

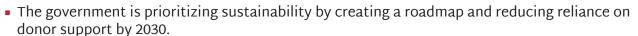
- Early MoH Involvement: Early MoH ownership and engagement would have accelerated effective PrEP scale-up in Zambia.
- Access through Product Choice: Zambia is prioritizing providing a range of HIV prevention options to ensure access for diverse populations, catering to the lifestyles and needs of end users.
- Demand Generation: Significant investment in demand generation is necessary to maximize uptake among those who need prevention. especially in the face of limited funding.
- Capacity Building for Health Workers: Continuous capacity building and training for healthcare providers is critical to effectively deliver new HIV prevention products and reduce stigma.
- Infrastructure Challenges: Improved infrastructure and supply chain management are needed to ensure the readiness of health facilities and prevent disruptions in service delivery.
- Decentralization and Demedicalization of Prep: Expanding access through decentralized and demedicalized services to communities will improve PrEP coverage, especially in underserved areas.

Best Practices & Recommendations - Supply Side

Regulatory & Normative Guidance

- New products are often piloted in a few facilities to gather data and learn lessons before scaling up.
- Absence of a structured framework for product introduction makes the process reliant on individual policymakers, risking delays. Developing a framework with cross-stakeholder engagement and agreement can expedite the process.
- Strong political will, supported by civil society advocacy and scientific data, helps drive acceptance of new products.
- TWG consultations and strong collaboration among stakeholders helps develop guidelines, review data, and address challenges.

Planning & Budgeting





- MoH conducts value chain analyses to evaluate the feasibility and acceptance of new HIV prevention products, by engaging both recipients and healthcare workers.
- Zambia evaluates the cost-effectiveness of new HIV prevention tools, prioritizing those that reduce HIV incidence while offering choice to the target population.
- Products like CAB are resource-intensive due to additional screening costs. Implementers ensure adequate resources and capacity.

Research, Monitoring, and Evaluation

- HIV data in Zambia is collected through health management information systems (HMIS), DHIS2, and national surveys like ZDHS.
- MoH oversees data reporting, from sub-national to national level with support from implementing partners and CSOs.
- MoH to lead coordination efforts with implementing partners to promote collaboration and sharing of lessons learned for scaling up initiatives.
- Priority indicators for monitoring new PrEP products include initiation rates, persistence, reasons for discontinuation, and adverse events, with a focus on understanding impact and improving service delivery.

Best Practices & Recommendations - Demand Side

Health Service Delivery

- Poor site readiness, supply chain issues/inadequate commodities, human resources, and infrastructure issues must be addressed to boost service delivery.
- Government is considering demedicalizing PrEP and using community distribution models.
- MoH, with partners, utilize training and mentorship to equip and sensitize health workers for providing HIV services to KPs, and to reduce stigma and discrimination. One mentorship program, The TeleEcho program, is a platform for sharing experiences and best practices.

Demand Generation

- A mixed approach based on populations and geolocation uses tailored messages delivered through social media campaigns, peer-led models, and other media to reach diverse target populations.
- The Zambia Ending AIDS campaign promotes HIV literacy across prevention and treatment, using social media, posters in facilities, radio programs nationwide, and TV shows featuring PrEP messages.
- Demand generation is carried out by all key stakeholders, including the MoH, implementing partners, and and CSOs.

Stakeholder Engagement

- Healthcare workers, CSOs, and communities are informed early about new products to manage expectations and gather feedback.
- MoH acknowledges the role and importance of CSOs and actively involves them in decision-making processes.
- Community engagement and capacity building for healthcare providers and CSOs are key for the successful implementation and acceptance of PrEP programs.