



PrEP Introduction & Scale-Up

Executive Summary: Zimbabwe began PrEP dissemination in 2017 and has risen to become one of the top 10 PrEP-providing countries in sub-Saharan Africa. With strong models for PrEP provision models and general support, the country has been proactive addressing gaps in oral PrEP delivery and preparing the country for introducing long-acting PrEP products. The country has committed to improving awareness, destigmatization, and service delivery. Zimbabwe needs to continue on this path, address sustainability issues and supply chain barriers, and balance treatment and prevention priorities.

Key Insights

- **Stigma is Common:** The community is very sensitive to cultural implications associated with PrEP. Broad acceptance of PrEP will require more work to destigmatize HIV prevention and PrEP.
- **PrEP Awareness and Capacitation Need to be Bolstered:** While awareness around PrEP has increased, pockets of the community remain misinformed or unaware. Many healthcare providers are providing PrEP care, but additional training and support is needed to overcome provider hesitation and overburdened staff.
- **TWGs are Vital:** Consisting of diverse stakeholders, including implementing partners, funding partners, civil society, end users, and academics/researchers, findings from TWGs led to improved access to oral PrEP.
- **MoH-Implementing Partner Collaborations are Priority:** The MoH worked with Pangaea Zimbabwe whose research and stakeholder analyses on end user needs, messaging, best service delivery methods, and demand generation, especially as it relates to youth, informed key decisions.

Key Implications

- **Informed Decision Making Requires Support:** Funding for IEC materials and demand generation is necessary as these will support informed decision-making.
- **Sustainable Security of Supply Chains are Needed:** Sustainability is hindered by supply chain uncertainty. For example, women are protected on DVR longer than on oral PrEP. But supply uncertainty and lack of dedicated procurement funds prevent investment in DVR for the population. Assess methods to sustainably ensure supply chain for uninterrupted scale up as donated product supplies, while vital, do not cover PrEP scale up needs.
- **Budgets and PrEP Choice are Conflicting:** While the value of PrEP choice is evident and preferred, many low resource settings do not have the funding to employ it. To prioritize choice requires teamwork, leadership, and shared objectives.
- **HIV Treatment Versus Prevention:** Similarly, limited funding from donors also means treatment will be prioritized over prevention. Budget planning for sustainable prevention is vital.
- **Stigma Differentially Restricts Access to Services:** Rural areas and certain KPs face greater stigma and/or access barriers to PrEP services. Privatization and innovative service delivery channels can help bridge this gap.

Best Practices & Recommendations – Supply Side

Regulatory & Normative Guidance

- Generally, WHO guidance is followed. Additionally, Zimbabwe reviews already developed guidance from other countries and adapts them to fit the Zimbabwe context. This is great collaboration and strengthens regional health systems.
- Normative guidance procedures are triggered when a product developer submits a dossier to the Medical Control Authority of Zimbabwe (MCAZ). If Pangaea Zimbabwe is aware of this submission, they will engage MCAZ early, which shortens review time.
- Guidance development is primarily led by the Ministry of Health and Child Care (MoHCC), but this process requires active involvement and feedback directly from researchers, PrEP implementers, in-country WHO personnel, and policy advocates.

Planning & Budgeting

- Implementation science projects support the MoHCC to gather funding for a possible national program. Zimbabwe is working on sustainability plans to match donations, add DSD, and provide PrEP through the private sector.



Research, Monitoring, and Evaluation

- Implementation science studies prioritize understanding community questions/gaps in research prior to the start of the studies. Studies are structured to address questions and gaps to improve rollout.
- Implementation studies for newer technologies test cost scenarios while the product and delivery models are under development. This informs country decision-making and improves timelines.

Best Practices & Recommendations – Demand Side

Health Service Delivery

- Rural areas and LGBTQI populations have less access to facilities providing PrEP or trained healthcare providers, especially in non-stigmatizing contexts. Alternatively, many populations turn to private pharmacies for access.
- Inadequate counselling messages by healthcare providers and low PrEP literacy in the community have led to low uptake and high discontinuation rates. For example, those presenting with an STI, a high-priority group for intervention, are not always offered PrEP. Integration of SRH services is needed.

Demand Generation

- MoHCC is actively involved in demand generation and ensures materials produced under projects, like OPTIONS or CATALYST, are part of a national campaign to encourage demand.
- The majority of demand generation resources are for the general population, disseminated nationally, and embedded in messages of combination prevention. Additional resources are produced for KPs. This two-pronged approach reduces stigma and provides tailored messages for KPs.
- Zimbabwe used human-centered design to produce a National Communications Strategy that considers both HIV treatment and prevention.
- Zimbabwe has successfully used Journey Mapping, PrEP Champions, status neutral messages about HIV, and the knowledge that PrEP uptake is not only about the client but also the people that influence them, to strategically increase demand.

Stakeholder Engagement

- Zimbabwe has worked with stakeholders to research several questions, beyond clinical trials, associated with PrEP introduction and scale-up. This includes questions about who is best suited to administer PrEP and how.
- District, provincial and/or national meetings allow stakeholders to engage with each other, learn about the state of the field, innovate new collaborations, and share feedback.
- Civil society and community-based organizations raise awareness and provide services in communities.