AUGUST
2017

Assessment of opportunities to deliver oral PrEP for women through private sector health care

Zimbabwe research findings

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OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

Introduction to this analysis

CONTEXT

- Zimbabwe's **public health delivery system suffered severely in the economic decline** between 2000 and 2009 and continues to face significant **challenges in human resource capacity**, access to **essential medicines and supplies**, and **adequate funding**
- To address these challenges in public sector health service provision, **the Ministry of Health developed a Strategic Framework for Public-Private Partnerships** that will guide implementation of public-private partnerships strengthening TB/ HIV programmes
- However, Zimbabwe's oral PrEP implementation framework has been **largely focused on the public health** system to-date
- Currently, **oral PrEP delivery** is limited to demonstration projects and health care workers in Zimbabwe
- The private sector has the **potential to expand access to oral PrEP** for women and girls. As broader procurement and delivery plans are developed, the private sector could be considered in addition to the public sector

OBJECTIVE, SCOPE, AND METHODOLOGY

FSG, as part of the OPTIONS Consortium, reviewed existing publicly available literature and conducted interviews with relevant organizations (see slides 21-22 for interviewees and research sources) to explore **two major questions**:

1. To what extent does **private sector health care reach** women and girls at risk for HIV?
2. If so, what can be done to **leverage the opportunity** to deliver oral PrEP through the private sector?

- The **objective of this research** is to support planning by country governments, international donors, and implementing agencies by better understanding the opportunities and considerations for delivering oral PrEP through the private sector
- This research **defines the private sector as all non-public channels** (e.g., non-governmental organizations, social franchises, faith based organizations, commercial clinics, private doctors, pharmacies)
- Given OPTIONS' focus on delivery of oral PrEP, **this research does not incorporate other areas** like financing or supply chain

NEXT STEPS

- This analysis will be shared with Zimbabwe's national oral PrEP **technical working group** to inform an approach for the private sector and development of a sustainable financing strategy for oral PrEP
- Research planned for later in 2017 and 2018 will improve understanding of **end user and provider perspectives** related to delivering PrEP through the private sector

Key findings

Private sector health care in Zimbabwe

- **Private sector health care services have grown rapidly** since the 2008 economic crisis to fill gaps in service delivery left by a declining public health system
- The geographic distribution of private health care facilities **aligns with areas of high HIV incidence**; private health facilities comprise over 15% of health facilities located in the high incidence districts of Bulawayo, Matabeleland, and Mashonaland West
- Only 10% of the population is covered by insurance; however, **many uninsured women seek services** in the private sector for its **convenience, privacy** and **positive provider attitudes**

Private sector channels with highest potential to offer oral PrEP

1. **Private doctors** offer the greatest potential to deliver oral PrEP to women in urban settings. They offer **tiered pricing** and could be affordable for even low- and middle-income populations and deliver services in line with **women's preferences**; however, private doctors will require training in HIV / oral PrEP provision and strengthened referral systems to ensure access to laboratory testing
2. **Faith based organizations** already serve many women in rural areas (~70% of Zimbabwe's population lives in rural areas)**,** making them **necessary to consider for oral PrEP**; however, they may face **capacity constraints** in delivering a new, complex product like oral PrEP (for example, they have seen low rates of provider-initiated HIV testing despite requirements to do so)
3. **NGO clinics/ social franchises** are best positioned to deliver oral PrEP to **at-risk and low income women**; however they are **small-scale** relative to other channels and largely based in **urban** areas

Areas for investment to improve private sector delivery of oral PrEP

1. **Raising awareness** and demand amongst practitioners and the general public for oral PrEP
2. **Training practitioners** on how to effectively provide HCT and oral PrEP services
3. **Establishing mechanisms** for private providers to report on patient uptake and adherence to oral PrEP aligned with national information systems
4. **Providing subsidy** to make oral PrEP affordable to those who can pay some amount (e.g., women who use private sector to access contraception)

This analysis aims to answer two major questions

To what extent does private sector health care reach women and girls at risk for HIV?

What can be done to leverage the opportunity to deliver oral PrEP through the private sector?

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To what extent does private sector health care reach women and girls at risk for HIV?

What can be done to leverage the opportunity to deliver oral PrEP through the private sector?

Further detail on this question is included in the following section

Since the economic crisis, a growing number of people are using private sector health care

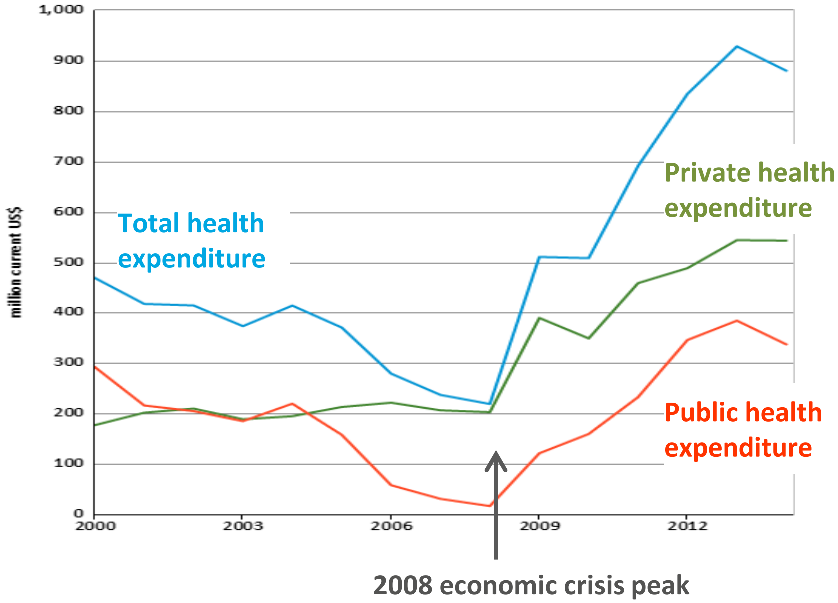
Private sector growth

- With the decline of the public health system during and after the hyperinflation crisis of 2004-2009, **private delivery channels have proliferated**
- While only ~**10% of all facilities nationwide** are privately owned, **44% of hospitals are now private**
- **Private sector spending is increasing** and now accounts for ~62% of total health expenditure

Private sector utilization

- While only 10% of the population has insurance, a **significant percentage of the population without insurance visits the private sector**
- The majority (58%) of spending on private healthcare is **out-of-pocket**
- Private sector utilization is most **common in urban areas** where **private facilities make up a larger percentage** of the overall health market
- Many in the private sector, such as social franchises and for-profit clinics, have adopted **tiered pricing business models to market to and serve lower-income populations**

Expenditure on health in Zimbabwe
USD millions



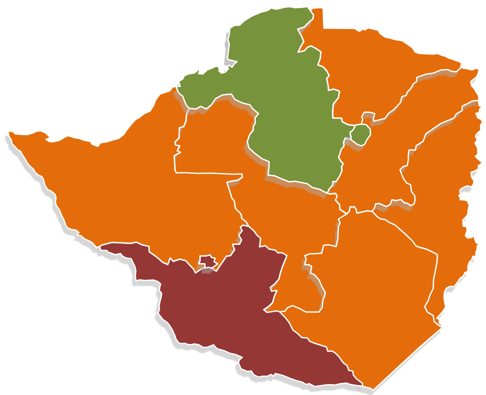
"When the public system collapses, even **lower-income people use private sector services**."

– NGO service provider

Private sector facilities are geographically aligned with HIV incidence in both rural and urban areas

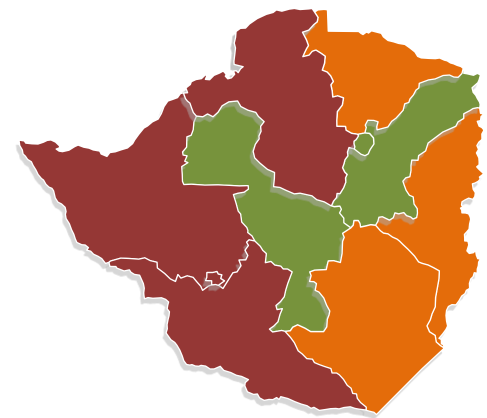
HIV incidence rate by province, 2013

HIV Incidence rate (%)
≥.1.4%
0.7-1.4%
<0.7%



Percentage of health facilities in each province that are private, 2016

Facility density (%)
Over 16% of health facilities are private
8-16% of health facilities are private
0-8% of health facilities are private



- The **vast majority of health facilities in Zimbabwe are public,** however there are provinces where private sector facilities represent over 16% of all health care facilities
- Private facilities account for an above average **proportion of facilities in some regions of high HIV incidence**, including Bulawayo (27% of health facilities are private) and Matabeleland South (18% of health facilities are private)
- In urban areas **for-profit private sector coverage is strong**, whereas public primary care facilities are less common
- In rural areas, **not-for-profit health facilities play a significant role in supplementing public activity**, with faith based organizations constituting 68% of rural bed capacity
- Therefore, efforts to deliver oral PrEP that **target urban areas like Bulawayo,** where there is a concentration of health care workers and patients that can afford to pay, and **high incidence rural areas**, can fill gaps in public efforts

Sources: FSG interviews/analysis; Zimbabwe Service Availability and Readiness Assessment, 2015; Zimbabwe National Integrated Health Facility Assessment, 2012; Zimbabwe National HIV and AIDS 2013 estimates; PSI health facility mapping analysis

Women currently use the private sector to access contraception and HCT services, especially in urban areas

Zimbabwe has achieved significant contraceptive and HIV coverage nationwide, through a mix of public and private delivery channels

- Zimbabwe has the **lowest reported unmet need for family planning** (only 10% of need unmet) and some of the highest rates of HIV testing (80% of all women have been tested for HIV) in sub-Saharan Africa
- A **significant proportion of women access their contraception** from the private sector, with 30% obtaining birth control pills from private sources and 35% of female sterilizations occurring in the private sector
- The private sector delivers a **significant proportion of HIV and STI services:** 30% of women who have been tested for HIV received the test from a private provider and approximately 60% of patients who were treated for STIs received treatment at mission or private hospitals

However, the private health sector primarily serves higher-income, urban women

- **11% of all women are covered by insurance**, giving them consistent access to all levels of the private health system – **23% of urban** women and only **4% of rural** women are covered
- **Urban women are five times** more likely to give birth in private facilities
- Women in **richer households** are also significantly more likely to use the private sector for HIV testing

> "Women in general use the public sector but in the **urban areas they use both private and public services**"
>
> *– NGO service provider*

Women choose the private sector to access services for convenience, privacy, and provider quality and attitudes

Driver	Description
Convenience	• Women value private doctors and pharmacies as they are **proximate to where they live and work** • Moreover, many private facilities **offer shorter wait times** than public sector channels, reducing lost time
Privacy	• At public hospitals or rural community clinics, adolescents are often dissuaded from accessing care if they **feel that they will see someone they know** • Women and girls prefer the private sector for the **higher level of privacy it offers**
Provider quality and attitudes	• **Friendly health care worker attitudes** alleviate feelings of interrogation and prejudice • Ability to build **strong and ongoing relationships with private providers**

Perspectives

"NGOs that offer integrated services can **provide anonymity – cannot tell what one is coming in for**. **That is an advantage.**"
– NGO service provider

"Youth and women ages 15-49 prefer the private sector because of privacy and **quality of service delivery– there is time to talk to the practitioner**."
– NGO service provider

Key Findings: To what extent does the private health care sector reach women and girls at risk for HIV?

Key Findings

1. Despite the limited scale of the private sector, it reaches women **across income levels** with **quality health services**
2. There is **alignment between private sector facilities and areas of high HIV incidence** in both rural and urban areas
3. ~30% of women already use private sector health channels to **access contraception and HCT**
4. Women and girls prefer private health sector services because they are more **convenient**, of **higher quality** and **more confidential** than public sector services

There is an opportunity to deliver PrEP through the private sector

- Delivery of oral PrEP through the private sector could **expand access** for women and girls who do not use the public sector
- The private sector may **reduce costs** to the public sector of rolling out oral PrEP more broadly by using tiered-pricing
- The significant rates at which women access contraceptives and HCT from the private sector, as well as, the presence of private sector facilities in regions with high HIV incidence suggest that the **private sector can play an important role** in enabling access to oral PrEP for women and girls at risk of HIV

The following section provides an initial analysis on the opportunities and considerations for delivering PrEP through specific private sector channels

Sources: FSG interviews and analysis; Zimbabwe Demographic Health Survey, 2015; PSI Facility Mapping Analysis

This analysis aims to answer two major questions

To what extent does private sector health care reach women and girls at risk for HIV?

What can be done to leverage the opportunity to deliver oral PrEP through the private sector?

Further detail on this question is included in the following section

There are five major types of private sector health care channels

	Description	Key organizations	Current PrEP efforts
Commercial facilities	• Includes private for-profit clinics and several private hospitals, which have on-site laboratory and specialist services • National association provides some ongoing training, advocacy, and coordination	• Private Hospital Association of Zimbabwe • Zimbabwe Business Coalition on AIDS	Oral PrEP delivery is currently limited to demonstration projects; private procurement has not started
NGO clinics/ social franchises	• Private not-for-profit facilities owned/funded by local organizations or international donors • Primary social franchises dedicated to sexual and reproductive health (SRH) are PSI and PSZ • Other SRH NGOs focus on behavior change and advocacy work and do not deliver medical services	• PSI – NewStart Clinics (social franchise) • PSZ – Bluestar Network (social franchise)	PSI's New Start clinics are a DREAMS implementation site and they currently deliver PrEP to adolescent girls and young women (AGYW)
Private doctors	• For-profit doctors who work in small private clinics or manage independent practices • National professional associations provide some ongoing training but do not manage oversight or coordination	• Medical and Dental Practitioners Council of Zimbabwe (MDPCZ) • Zimbabwe Medical Association (ZiMA)	There is some limited distribution of oral PrEP by private doctors who purchase drugs from other countries
Pharmacies	• Private facilities where individuals can purchase medicines • Sometimes managed by a trained health care worker or pharmacist • HIV self-testing and information on oral PrEP could increase foot traffic and deepen customer relationships	• Pharmacists Council of Zimbabwe • NatPharm	Several private pharmacies have procured oral PrEP from other countries and made it available
Faith based organizations	• Private facilities affiliated with religious institutions • Include clinics and mission hospitals • Many report to public sector, and some mission hospitals even act as public district hospitals • Deliver free and low-cost services supported by government and donor funding	• Zimbabwe Association of Church-related Hospitals • Zimbabwe Community Health Intervention Research Project	Unknown

Sources: FSG interviews and analysis

We assessed each channel by its ability to effectively provide oral PrEP to women and girls at risk for HIV

Private sector channel assessment framework

1 Can women at high-risk for HIV effectively access this channel?

Factor	Definition
Acceptability	Women are comfortable with accessing family planning and other sexual and reproductive health services through this channel
Affordability	Services are affordable for women and girls with a range of income levels
Proximity	Sufficient number of facilities located in regions with high HIV incidence for women and girls

2 Does this channel have the capacity to deliver oral PrEP?

Factor	Definition
HIV counselling and testing services (HCT)	Channel currently offers HIV counselling and testing services
Healthcare workers (HCW)	Channel has healthcare workers on staff who can prescribe and support adherence to oral PrEP
Ability to provide necessary follow-up	Channel enables PrEP users to easily follow-up for prescription pick-up and ongoing testing

The following slides will assess the delivery channels along these two dimensions

Most private facilities are affordable and preferred over the public sector, but reach few women

1 Can women at high-risk for HIV access this channel?

Channel	***Acceptability:*** *Women are comfortable with accessing SRH/FP services*	***Affordability:*** *Women can afford services*	***Proximity:*** *Sufficient number of facilities located in regions with high HIV incidence*
Commercial facilities	**Limited acceptability**; perceived to deliver quality care but not seen as an access point for HIV services; serve 7-12% of women seeking IUDs, implants or injections	**Limited affordability** – Only affordable for the ~**10% of the population with insurance** due to high cost services	• **Limited access but located in areas of HIV incidence** • 32 private hospitals; 69 private clinics • Concentrated in urban areas, including areas of high HIV incidence
NGO clinics/ social franchises	NGO clinics and social franchises specializing in SRH and FP are **attractive delivery points,** as they train providers to deliver quality care without stigma	Affordable for **populations of all income levels**; social franchises subsidize services	• **Limited access but located in areas of HIV incidence** • **Blue Star**: 124 social franchisees, 11 clinics (80% are urban); has served 163,000 clients • **New Start**: 25 clinics • Some facilities located in areas of high HIV incidence
Private doctors	**Attractive delivery point** due to perception that private doctors offer less judgmental care; serve 2-3% of women seeking IUDs, implants or injections (and more seeking prescription for the pill)	**Variable affordability** – many offer tiered prices to meet needs of different populations; ~10% of users are low income	• **High access and located in areas of HIV incidence** • 3800+ private doctors across the country • 75% work in both the public and private sector • Concentrated in urban areas • Facilities located in areas of high HIV incidence
Pharmacies	**Most widely used access point** for contraception; 13.5% of women access contraceptives (oral pill or condoms) or information from pharmacies (with prescription from a private doctor)	For contraception, low-cost generics and subsidized social marketing brans available and are **affordable across income levels** – situation for oral PrEP is uncertain	• **High access but not located in areas of HIV incidence** • 68% (417 pharmacies) are privately owned • 52% of private pharmacies located in Harare • Facilities located in areas of low HIV incidence
FBOs	**Limited acceptability** due to integration with public sector, religious association, and long wait times; however still **preferred over public facilities**	**Affordable for low income populations**; offer free or subsidized care, often more affordable than public and private hospitals	• **High access and located in areas of HIV incidence** • 62 mission hospitals; 25 mission clinics • Comprise 68% of rural bed capacity • Facilities located in areas of high HIV incidence

Sources: FSG interviews/analysis; Zimbabwe Service Availability and Readiness Assessment, 2015; Zimbabwe Demographic Health Survey, 2015; Zimbabwe National Integrated Health Facility Assessment, 2012

HCT capacity across channels is favorable, but lack of shared referral infrastructure is a systemic challenge

2 Does this channel have the capacity to deliver oral PrEP?

Channel	***HIV Counseling and Testing (HCT) Services:*** *Currently offers HCT services*	***Healthcare Workers (HCW):*** *Channel has HCW who can prescribe and support adherence to oral PrEP*	***Ability to provide necessary follow-up:*** *Enables PrEP users to easily follow-up for prescription pick-up and ongoing testing*
Commercial facilities	**Variable HCT capacity:** lack of standardized HIV care and training, and low provider-initiated HCT; fewer private clinics have at least one staff member trained in clinical management of HIV/AIDS (63%) compared to public clinics (92%)	**Significant capacity:** commercial facilities are often multi-specialty centers where women can receive a wide range of services	**High referral and continued care capacity** – Private hospitals have **advanced structures to follow-up** and can manage care in between on-site GPs, specialists, and pharmacists
NGO clinics/ social franchises	**Significant HCT capacity**: social franchises, such as PSI and PSZ, have deep expertise and experience in providing HCT services as part of a comprehensive SRH package	**Significant capacity:** social franchises often have partnerships with private doctors; however, capacity can vary with changes in donor funding	**Advanced follow-up capacity** to refer and monitor patients; have strong government partnerships that enable linkages to public sector health care
Private doctors	**Variable HCT capacity**: training in clinical management of HIV prevention, care and treatment varies across private providers	**Significant capacity** to deliver private, confidential services with low stigma by varied expertise on HIV	**Limited follow-up capacity –** variable availability of onsite resources to conduct necessary follow up tests and limited referral mechanisms to facilities where patients might need to receive ongoing testing and care
Pharmacies	**Limited HCT capacity**: few currently offer HIV self-testing, and almost none have staff delivering HCT services	**Limited to no capacity**: lack of HCWs present at pharmacies capable of prescribing or following-up with oral PrEP	**Limited to no follow-up capacity –** no resources to conduct follow up tests, monitor or refer patients to facilities where patients would receive prescriptions, ongoing testing, and care
FBOs	**Variable capacity**: the majority of FBOs are required to offer HCT, but implementation and provider-initiated HCT rates remain low due to provider bias and stigma towards HIV prevention	**Limited capacity**: overburdened workforce due to mass demand for FBO services over public health services, and high vacancy rates (35% of provider positions went unfilled in 2010)	**High referral and continued care capacity** due to co-located resources at mission hospitals (e.g., laboratories, specialists, etc.) and close alignment with the public health system

Sources: FSG interviews and analysis; Zimbabwe Service Availability and Readiness Assessment, 2015; Zimbabwe Association of Church Related Hospitals, Narrative Report, July-December 2016

Assessment of each channel across these factors highlight opportunities to deliver oral PrEP

	1 Can women at high-risk for HIV access this channel?			2 Does this channel have the capacity to deliver oral PrEP?		
	Acceptability	**Affordability**	**Proximity**	**HCT**	**HCW**	**Follow-up**
Commercial facilities	Limited current use for SRH and FP	Not affordable without insurance	Reach limited to urban areas	Limited provider initiated HCT	High HCW capacity to deliver care	High capacity to follow-up with prescription and ongoing testing
NGO clinics/ social franchises	Experience delivering SRH to key populations	Target low income women with free or subsidized care	Low scale and reach with few networks	Many deliver HIV services as part of a comprehensive SRH package	High capacity due to partnerships with doctors; can vary with donor funding	Advanced ability to refer to public facilities for ongoing testing
Private doctors	Service setting aligned with women's needs	Commonly offer tiered pricing to serve a range of incomes	Majority are limited to urban areas	Variable HIV training; little oversight to ensure quality of services	High HCW capacity to deliver quality care	Limited ability to deliver or refer to other facilities for testing
Pharmacies	Most common private source of FP	Affordable to a range of income levels	Largely exclusive to urban areas	Few offer HIV self-testing	Lack on site HCWs to prescribe and support adherence	Limited patient testing, tracking and referral mechanisms
FBOs	Varying levels of stigma associated with SRH delivery	Offer many services for free	Major service provider in rural areas	Majority of FBOs are required to provide HCT	Limited HCW capacity due to heavy patient volumes	High capacity to follow-up; high referral rates to public health centers

Key						
	Highly accessible to most women	Accessible to some women	Inaccessible to most women	Strong capacity	Moderate capacity	Low capacity

Two channels offer the most opportunity to reach women with oral PrEP

	1 Can women at high-risk for HIV access this channel?			2 Does this channel have the capacity to deliver oral PrEP?			Opportunity to deliver PrEP
	Acceptability	Affordability	Proximity	HCT	HCW	Follow-up	
Commercial facilities							**LOW OPPORTUNITY** • Unaffordable prices and urban concentration limit accessibility beyond wealthy populations • Strong capacity to deliver oral PrEP
NGO clinics/ social franchises							**MEDIUM OPPORTUNITY** • Social franchises effectively deliver affordable, integrated HIV and SRH services without stigma • Small number restricts delivery of oral PrEP
Private doctors							**HIGH OPPORTUNITY** • Highly accessible in urban areas, offering more affordable services than commercial facilities • Limited HCT provision and capacity for follow-up
Pharmacies							**MEDIUM OPPORTUNITY** • Highly accessible due to privacy and proximity • Will not be able to prescribe oral PrEP, but could be an effective information dissemination point
FBOs							**HIGH OPPORTUNITY** • Strong rural coverage and model to deliver free care • Integration with public sector supports follow-up • HCW capacity and attitudes need to be addressed

Sources: FSG interviews and analysis

As each channel reaches different people, a portfolio approach can expand oral PrEP coverage across populations

*A portfolio approach includes **a mix of channels** that reach populations of different income levels and geographies with oral PrEP delivery and information dissemination. A strategic implementation plan can **prioritize those channels that serve different market segments** (i.e., private doctors and FBOs) to create a comprehensive strategy that expands oral PrEP coverage **in regions of high HIV incidence.***

Delivery channel	Near-term opportunity to deliver PrEP	Market segment	Recommended action steps
Commercial facilities	**LOW OPPORTUNITY**	Older, urban women with insurance, who can afford to pay	• Initiate conversations with the PHAZ and insurance-owned clinics (e.g., CIMAS) to **explore PPP models** • Ensure clinical networks have **access to guidelines and trainings**
NGO clinics/ social franchises	**MEDIUM OPPORTUNITY**	Young, low income, urban women	• Initiate conversations with **PSZ** and **PSI** to **assess demand and capacity to deliver PrEP** • Ensure clinical networks have **access to guidelines and trainings**
Private doctors	**HIGH OPPORTUNITY**	Married and older, low to middle income urban women	*Details for action steps on following slides*
Pharmacies	**MEDIUM OPPORTUNITY**	Low to middle income urban women	• Initiate conversations with the **Pharmacists Council of Zimbabwe** to identify **sites serving key populations to provide with information** • Explore opportunities to **link oral PrEP to self-testing projects**
Faith based organizations	**HIGH OPPORTUNITY**	Older, low income rural women	*Details for action steps on following slides*

Private Doctors: *Implementation considerations*

Current capacity and gaps

Can women at high-risk for HIV access this channel?			Does this channel have the capacity to deliver oral PrEP?		
Acceptability	**Affordability**	**Proximity**	**HCT**	**HCW**	**Follow-up**
Service setting aligned with women's needs	Commonly offer tiered pricing to serve a range of incomes	Majority are limited to urban areas	Variable HIV training; little oversight to ensure quality of services	High HCW capacity to deliver quality care	Limited ability to deliver or refer to other facilities for testing

Potential next steps

1. Explore models for **subsidized care delivery** via independent private doctors (e.g., patient vouchers, reduced cost PrEP)
2. **Provide training** to improve standard of HIV / oral PrEP services outside of hospital groups and social franchises
3. **Establish mechanisms** that facilitate referrals for testing and tracking patient uptake to minimize loss to follow-up and improve adherence

Potential partners

- **Zimbabwe Medical Association (ZiMA):** sole representative association for all medical doctors in Zimbabwe across areas of specialty. Propose supportive health policy and offer continuous medical education. Membership now compromises 800 qualified and student doctors. Can be a primary partner in raising awareness, training, and monitoring implementation of oral PrEP delivery among private doctors
- **Zimbabwe National Family Planning Council (ZNFPC)**: para-statal under the MOHCC coordinating implementation of integrated FP and related SRHR services in Zimbabwe. Provides technical assistance, quality control to all public and private sector FP service providers, procurement and distribution of all contraceptives for the country, as well as integrated FP services through 13 stand alone static clinics at provincial level, and 26 dedicated youth friendly centers at district level. Can be a scaling partner by which to integrate oral PrEP into existing family planning programs and structures
- **PSZ and PSI**: the two primary sexual reproductive health NGOs in the country, which have partnered with the ZNFPC to implement the national family planning strategy, and manage extensive social franchise networks. Can leverage their expertise in franchising independent providers to inform strategy

Considerations

- A phased approach could prioritize high-incidence regions where many women already access private sector healthcare, specifically **Bulawayo and Harare**. The next phase could extend to regions with high incidence and high private facility density like **Matabeleland South**
- Private doctors do have **incentives to deliver oral PrEP** in addition to reducing HIV rates, including: **(1)** Increasing traffic, sales volumes and developing long-term customer relationships as patients return for PrEP and related services and **(2)** Improving reputation amongst the general public and government stakeholders

Sources: FSG interviews and analysis

Faith-based organizations: *Implementation considerations*

Current capacity and gaps

Can women at high-risk for HIV access this channel?			Does this channel have the capacity to deliver oral PrEP?		
Acceptability	**Affordability**	**Proximity**	**HCT**	**HCW**	**Follow-up**
Varying levels of stigma associated with SRH delivery	Offer many services for free	Major service provider in rural areas	Majority of FBOs are required to provide HCT	Limited HCW capacity due to heavy patient volumes	High referral rates to public health centers

Potential next steps

1. **Build understanding among providers** to mitigate stigma for HIV prevention and care, especially among youth populations
2. Identify models for FBOs to provide oral PrEP at **no cost or subsidized cost**; engage donors to support FBOs to deliver oral PrEP
3. **Explore opportunities to integrate oral PrEP into clinical standards through a low-resource process** to preserve capacity of facilities which already suffer significant staff shortages

Potential partners

- **Zimbabwe Association of Church-Related Hospitals (ZACH)**: the Medical Arm of Churches in Zimbabwe representing 130 members country wide, which provides coordination, resource mobilization, training, M&E and information dissemination among members. Can be a primary partner in raising awareness, training, and monitoring implementation of oral PrEP delivery in mission health facilities. Moreover, learnings from ZACH's recently implemented Provider Initiative Testing and Counseling demonstration project should be integrated into oral PrEP provider trainings
- **Zimbabwe National Family Planning Council (ZNFPC)**: para-statal under the MOHCC coordinating implementation of integrated FP and related SRHR services in Zimbabwe. Provides technical assistance, quality control to all public and private sector FP service providers, procurement and distribution of all contraceptives for the country, as well as integrated FP services through 13 stand alone static clinics at provincial level, and 26 dedicated youth friendly centers at district level. Can be a scaling partner by which to integrate oral PrEP into existing family planning programs and structures
- **Zimbabwe Community Health Intervention Research Project (ZiCHIRe)**: a project of the University of Zimbabwe's department of community medicine, which is currently partnered with ZACH to implement VMMC services. Can learn from experiences to introduce VMMC in areas of high HIV burden to inform implementation plans to integrate oral PrEP into mission facility sites utilizing low resource strategies

Considerations

- A phased approach might prioritize high incidence regions with high private facility density including **Matebaleland North, Matabeland South and Mashonaland West** to expand to low income populations that would most benefit from free, quality services
- FBOs have **incentives to deliver oral PrEP** in addition to reducing HIV rates, including: (1) as a female-controlled prevention technology, oral PrEP **aligns with the mission of FBOs** to deliver health care that encompasses principles of equity, quality and accessibility (2) over time, prevention efforts and patient uptake of oral PrEP will **reduce HIV/AIDs treatment costs**

Sources: FSG interviews and analysis; Zimbabwe Association of Church Related Hospitals, Narrative Report, July-December 2016

APPENDIX

Interview List

Organization	Name and Title
Zimbabwe Medical Association	Shingi Bopoto *Secretary General*
Population Services Zimbabwe	Pester Siraha *Program Director*
Population Services International	Victor Mutoma *GIS Officer*
Population Services International	Roy Dhlamini *Male Circumcision Manager*
Pangaea Zimbabwe Aids Trust	Imelda Mahaka *Project Director*
Pangaea Zimbabwe Aids Trust	Definate Nhamo *Project Manager*

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