

OPTIONS *Optimizing Prevention Technology Introduction On Schedule*



OPTIONS COUNTRY SITUATION ANALYSIS: ZIMBABWE | MARCH 2020





Snapshot of oral PrEP rollout in Zimbabwe

As of **December 2019**, oral PrEP rollout in Zimbabwe achieved the following reach:



Clients initiating oral PrEP: **~18,000**



Provinces and districts with oral PrEP access: **10 out of 10 provinces and 31 out of 63 districts**



Facilities distributing oral PrEP: **149**

Strengths and challenges in oral PrEP rollout

Current Strengths

- Oral PrEP has been **integrated into planning and delivery** across Ministry of Health departments, due to highly collaborative planning and budgeting processes.

- Oral PrEP drugs and related commodities are being procured as part of the **national supply chain**.
- **Demand forecasting is part of routine** program quantification, done twice annually.

- Public sector PrEP delivery has started; expansion to lower level facilities is expected in 2020.
- Oral PrEP is **integrated** into delivery at New Start Centres, gender-based violence clinics, and tertiary institutions.

- Oral PrEP is relatively easy to initiate in the facilities that provide oral PrEP.

- Discussions are ongoing at the national level to better **understand and promote effective follow-up** and retention practices.



PLANNING & BUDGETING



SUPPLY CHAIN MANAGEMENT



PREP DELIVERY PLATFORMS



INDIVIDUAL UPTAKE



EFFECTIVE USE & MONITORING

- **Funding for prevention options remains siloed** and limited to the Global Fund to Fight AIDS, TB and Malaria and USAID; more integrated budgeting would ensure a better balance among interventions in the overall HIV prevention portfolio.

- **Forecasting is conducted regularly** through the TWG to ensure there are no stock-outs of PrEP.

- Pilots are ongoing at **different delivery sites** (e.g., family planning, youth drop-in centers, public facilities). Each site has its own set of strengths and challenges, and learning is ongoing.

- Significant **drop-off of oral PrEP clients** occurs after the 1st 1-2 months of oral PrEP use; risk assessments could be used to ensure those who initiate oral PrEP are motivated and committed to continuation.

- **Follow-up after initiation has been a challenge** as it is difficult to track individuals, especially those who initiated during outreach or mobilization activities. Programs are testing different approaches to mitigating this challenge.

Current Challenges



Zimbabwe progress on oral PrEP rollout

PLANNING & BUDGETING	SUPPLY CHAIN MANAGEMENT	PREP DELIVERY PLATFORMS	INDIVIDUAL UPTAKE	EFFECTIVE USE & MONITORING
<p>Impact, cost and cost-effectiveness analyses for oral PrEP as part of comprehensive HIV prevention portfolio</p> <p>Identification and quantification of target populations for oral PrEP</p> <p>Inclusion of oral PrEP and female-controlled methods in current or upcoming national HIV prevention plans</p> <p>Timeline and plan for oral PrEP introduction and scale-up</p> <p>A budget for oral PrEP rollout to target populations</p> <p>Sufficient funding to achieve targets</p>	<p>Regulatory approval of form(s) of oral PrEP by authorities</p> <p>Effective demand and supply forecasting mechanisms for oral PrEP</p> <p>Manufacturer identification and contract negotiation to purchase oral PrEP</p> <p>Product and packaging design to meet target population needs and preferences</p> <p>Development of distribution plan for oral PrEP to reach target populations</p> <p>Effective distribution mechanisms to avoid oral PrEP stock-outs in priority facilities</p>	<p>Issuance of standard clinical guidelines for prescription and use of oral PrEP</p> <p>Sufficient infrastructure and human resources to conduct initial HIV tests and prescribe oral PrEP in priority channels</p> <p>Plan to engage health care workers on oral PrEP and delivery to target populations (including mitigating stigma)</p> <p>Tools created to help potential clients and HCW understand who should use oral PrEP</p> <p>Sufficient resources to roll out plans for healthcare worker engagement</p>	<p>Clear and informative communication on oral PrEP for general public audiences</p> <p>Development of demand generation strategies targeted to unique needs of different populations</p> <p>Linkages among HTC, oral PrEP prescription, and oral PrEP access to enable oral PrEP uptake</p> <p>Information for clients on how to effectively use oral PrEP for all target populations</p> <p>Sufficient resources to rollout plans for demand generation</p>	<p>Established plans to support effective use and regular HIV and creatinine testing that reflect the unique needs of target populations</p> <p>Capacity to provide ongoing HIV and creatinine level testing for oral PrEP users that is accessible to target populations</p> <p>Monitoring system to support data collection for ongoing learning (e.g., rate of patients returning for 2nd visit, non-HIV STI rates)</p>

COLOR KEY

- Significant progress and/or momentum
- Early progress
- Initial conversations ongoing



Planning & budgeting

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Readiness factor	April 2016	Dec 2016	May 2018	Dec 2018	Feb 2020	Progress notes*
Impact, cost and cost-effectiveness analyses for oral PrEP as part of comprehensive HIV prevention portfolio	Early progress	Early progress	Significant progress and/or momentum	Significant progress and/or momentum	Significant progress and/or momentum	<ul style="list-style-type: none"> One costing study under OPTIONS is being finalized in preparation for submission to a journal. Other costing exercises have taken place, and the results are part of the current oral PrEP implementation plan for Zimbabwe.
Identification and quantification of target populations for oral PrEP	Early progress	Early progress	Significant progress and/or momentum	Significant progress and/or momentum	Significant progress and/or momentum	<ul style="list-style-type: none"> Some size estimation of target populations is under way for MSM and sex workers.
Inclusion of oral PrEP and female-controlled methods in current or upcoming national HIV prevention plans	Initial conversations ongoing	Significant progress and/or momentum	Significant progress and/or momentum	Significant progress and/or momentum	Significant progress and/or momentum	<ul style="list-style-type: none"> Oral PrEP has been included in the updated Zimbabwe National Strategic Plan.
Timeline and plan for oral PrEP introduction and scale-up	Initial conversations ongoing	Significant progress and/or momentum	Significant progress and/or momentum	Significant progress and/or momentum	Significant progress and/or momentum	<ul style="list-style-type: none"> A comprehensive care, treatment and prevention communication strategy was launched in September 2020 to help with demand creation.
A budget for oral PrEP rollout to target populations	Initial conversations ongoing	Initial conversations ongoing	Early progress	Early progress	Early progress	<ul style="list-style-type: none"> A fully costed budget is included in the current oral PrEP implementation plan. However, it is not fully funded.
Sufficient funding to achieve targets	Early progress	Early progress	Initial conversations ongoing	Significant progress and/or momentum	Early progress	<ul style="list-style-type: none"> In 2016, funding was sufficient to cover demonstration projects. National target setting began in 2018, for which funding was sufficient. In 2020, current resources are lacking to meet more ambitious targets. Zimbabwe is now preparing proposals to the Global Fund and COP21, with oral PrEP prioritized in both.



Supply chain management

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Readiness factor	April 2016	Dec 2016	May 2018	Dec 2018	Feb 2020	Progress notes*
Regulatory approval of form(s) of oral PrEP by authorities						<ul style="list-style-type: none"> • Truvada has been approved and in use for oral PrEP.
Effective demand and supply forecasting mechanisms for oral PrEP						<ul style="list-style-type: none"> • Oral PrEP is addressed in regular biannual forecasting process at the Ministry of Health and Child Care that also includes ART, condoms, etc.
Manufacturer identification and contract negotiation to purchase oral PrEP						<ul style="list-style-type: none"> • <i>No further progress to report at present</i>
Product and packaging design to meet target population needs and preferences						<ul style="list-style-type: none"> • “V” launched ,with pilot expected to start early April 2020. Four sites have been selected as pilot sites – the SHAZ! Hub and 3 PSI sites.
Development of distribution plan for oral PrEP to reach target populations						<ul style="list-style-type: none"> • Oral PrEP has been included in Zimbabwe’s central procurement system for essential drugs, commodities and reagents run by NatPharm.
Effective distribution mechanisms to avoid oral PrEP stock-outs in priority facilities						<ul style="list-style-type: none"> • Individual facilities are responsible for requests; some stock-outs have occurred and have affected ART stocks. (Note: On a tenofovir-based regime, the drugs used for ART are the same as those used for oral PrEP.)



PrEP delivery platforms

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- Initial conversations ongoing

Readiness factor	April 2016	Dec 2016	May 2018	Dec 2018	Feb 2020	Progress notes*
Issuance of standard clinical guidelines for prescription and use of oral PrEP						<ul style="list-style-type: none"> Oral PrEP guidelines and clinical guidance have been established. Standard operating procedures and job aides have also been developed to support oral PrEP delivery.
Sufficient infrastructure and human resources to conduct initial HIV tests and prescribe oral PrEP in priority channels						<ul style="list-style-type: none"> Human resources have been affected by the overarching economic crisis, with nurses working 2 days a week on average.
Plan to engage health care workers on oral PrEP and delivery to target populations (including mitigating stigma)						<ul style="list-style-type: none"> More health care providers have been trained; OPTIONS supported 3 TOTs for PrEP providers this year.
Tools to help potential clients and HCW understand who should use oral PrEP have been created						<ul style="list-style-type: none"> Screening tools have been developed through the technical working group to help providers better identify who should be initiated on oral PrEP.
Sufficient resources to rollout plans for healthcare worker engagement						<ul style="list-style-type: none"> 31 out of 63 districts have been trained in oral PrEP delivery, with plans to complete training in the remaining districts in 2020.



Individual uptake

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- Early progress
- Initial conversations ongoing

Readiness factor	April 2016	Dec 2016	May 2018	Dec 2018	Feb 2020	Progress notes*
Clear and informative communication on oral PrEP for general public audiences						<ul style="list-style-type: none"> A comprehensive communication strategy for prevention, care and treatment was developed and subsequently launched in September 2019.
Development of demand generation strategies targeted to the unique needs of different populations						<ul style="list-style-type: none"> Demand creation efforts are under way, with OPTIONS supporting an oral PrEP campaign in Chitungwiza. Some of the campaign assets are being put to scale at national level.
Linkages among HTC, oral PrEP prescription and oral PrEP access to enable uptake						<ul style="list-style-type: none"> <i>No further progress to report at present</i>
Information for clients on how to effectively use oral PrEP for all end user populations						<ul style="list-style-type: none"> IEC materials have been developed. OPTIONS supported the development of some oral PrEP IEC materials in 2019.
Sufficient resources to rollout plans for demand generation						<ul style="list-style-type: none"> Oral PrEP resources continue to be mainly funded by Global Fund and PEPFAR.



Effective use & monitoring

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Readiness factor	April 2016	Dec 2016	May 2018	Dec 2018	Feb 2020	Progress notes*
Established plans to support effective use and regular HIV and creatinine testing that reflect the unique needs of target populations						<ul style="list-style-type: none"> Resources received from Global Fund will support activities and information to improve effective use by oral PrEP clients.
Capacity to provide ongoing HIV and creatinine level testing for oral PrEP users accessible to target populations						<ul style="list-style-type: none"> Evidence from sites where creatinine testing was being done routinely has shown that routine testing was not cost-effective. For example, at the SHAZ! HUB, only 1/227 tests was abnormal. As a result, emphasis has shifted from building capacity to do creatinine testing to strengthening clinical assessment and screening for risk factors.
Monitoring system to support data collection for ongoing learning (e.g., rate of patients returning for 2nd visit, non-HIV STI rates)						<ul style="list-style-type: none"> PrEP M&E tools are being updated regularly.