



**MINISTRY OF HEALTH  
AND CHILD CARE**

# PrEP Update in Zimbabwe

**IMPLEMENTATION  
PLAN FOR HIV  
PRE-EXPOSURE PROPHYLAXIS  
IN ZIMBABWE  
2018-2020**

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Zimbabwe PrEP road map

Policy Environment

Government support

Civil society engagement

Current implementation

Lessons learnt

Challenges and solutions

**Presentation  
outline**

# Zimbabwe Road map to PrEP Implementation



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## Policy Environment



Community dialogues



PrEP implementation Plan 2018-2020



Training Manual-2018



Age of consent



Integration with family planning



Adaptation of WHO guidance on PrEP 2016

# Support from Ministry of Health



Based on the changing epidemic and using public health approach GoZ acknowledged the existence of various populations and different sexual practices.



The KP programme allowed the inclusion of various populations in programming.



The Ministry of Health has been progressive in allowing different medical products for HIV prevention including the dapivirine ring as this was included in the PrEP Implementation plan



Age of consent (16 years) and also HTS guidelines which support provision of services to mature minor under the interest of the child principle



Adapted WHO guidelines and allowed all populations to get PrEP as long as they are at substantial risk even though the plan has a list of targeted populations - GoZ policy allows provision of service to all regardless of the group they belong to

# Engaging Civil Society

Engagement meetings with civil society on PrEP focusing on how they would want PrEP implemented and their role on the roll out.

Community dialogues with community leaders, parents, AGYW, FSW, MSM and Transgender

The dialogues were also instrumental in deciding the point in facilities where PrEP should be offered

The engagement also informed the development of the National Implementation Plan

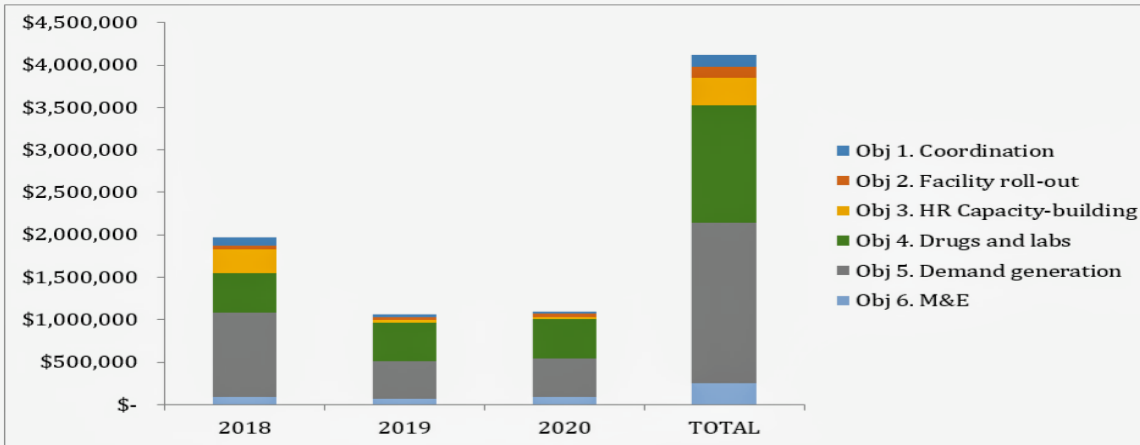
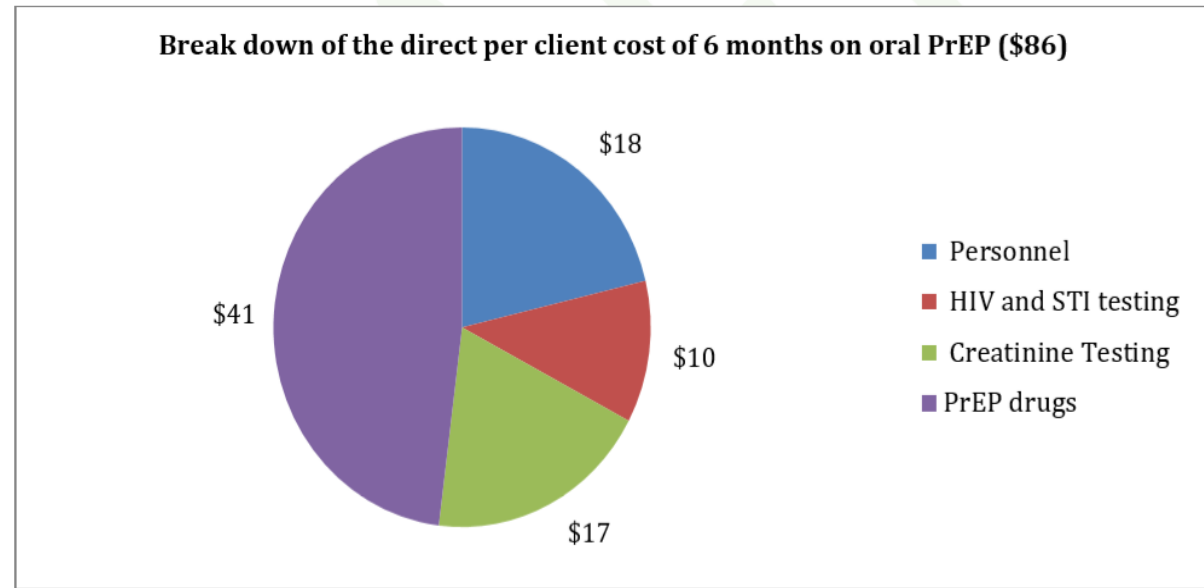


Figure 10 Cost of implementing PrEP by category 2018-2020



Direct per client cost of 6 months on PrEP sensitivity analysis

	PER CLIENT COST
<b>Base case*</b>	<b>\$86</b>
Client on PrEP for 1 year†	\$156
Alternative PrEP regimen: TDF/3TC	\$74
No creatinine testing offered	\$69
No STI testing offered	\$80
Sero-conversion at final visit requiring HIV drug resistance testing	\$493

\*Base Case: TDF/FTC regimen; creatinine and STI monitoring (syphilis and hepatitis B) conducted at baseline; two follow-up visits and one discontinuation visit

†Includes creatinine and STI monitoring test at both baseline and 6 months

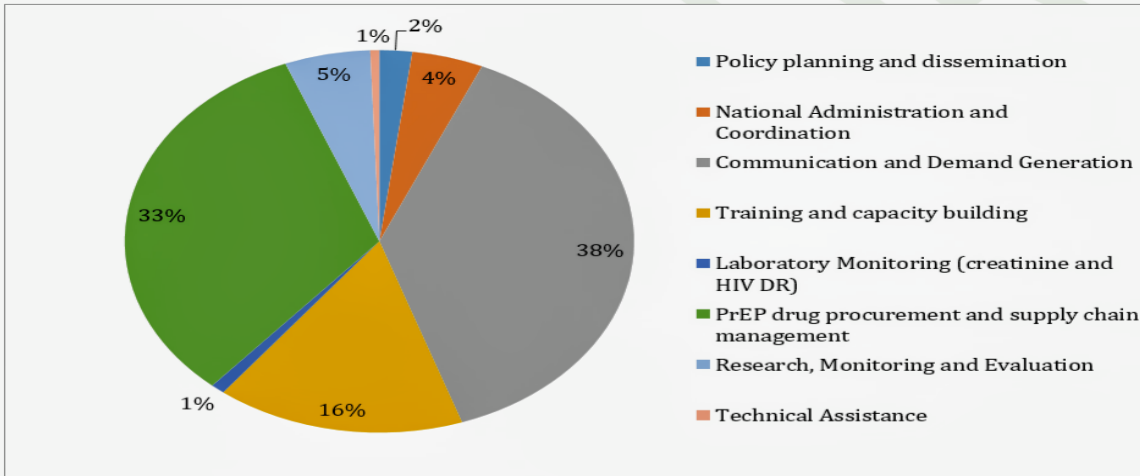


Figure 11 Key cost drivers for implementing PrEP in Zimbabwe

# Informing Policy



# National PrEP targets

Client Profile	2018	2019	2020
FSW	4313	4357	4340
SDC	2674	2474	2475
MSM	1969	1949	1969
Adolescent Girls	1023	1023	1034
Young Women	645	652	658
<b>Total</b>	<b>10624</b>	<b>10455</b>	<b>10476</b>



KAP Survey to understand the preparedness of communities on the introduction of PrEP and thinking of health care providers

Introducing PrEP in Pilot district for learning purposes

Training of PrEP champions to create demand in communities

Policy environment inclusive of PrEP Plan, Age of Consent, All populations, integration.

Environment for PrEP Uptake

# Support from Partners



PrEP roll out within PSI New Start Centre started in 2016 public sector through Pangea in Mazowe in 2018



PSI New Start Centres acted as demonstration and learning sites



Integrated service provision, PrEP clients generated in different service points-HTS, ART,FP/STI and through index testing, identify high risk yet HIV uninfected



To date 16 741 clients ever initiated on PrEP



Direct Implementation

New Start Centres –KP focused  
Make use of

- enhanced peer mobilisers for mobilization and support for clinic visits & adherence
- PrEP ambassadors and PrEP champions



Indirect Implementation

CeSHHAR- FSW focused  
Facility based-Public sector (16 facilities in Makoni)  
Community based-Chipingwe & Makoni districts

# Programme Highlights



PrEP cohort consist of

About 50% of are sex workers  
23% are MSMs



DREAMS girls (10-24 years) have a low risk perception and have poor attendance after the first initiation of PrEP

Mostly in a hurry & have poor adherence  
Fear stigmatization of being perceived as promiscuous or being HIV positive



Clients in discordant relationships are more committed & adhere better than Key populations



MSM clients prefer to be attended separately from the other clients



There is need to create more awareness on PrEP in view of MOHCC roll out of PrEP( created moonlight events where integrated services are provided inclusive of PrEP services). Provision of HIV prevention & care services(HTS, STI, VMMC, TB screening & case management, ART)



The lessons learnt formed the basis of the MOHCC PrEP roll out

## Current PrEP implementation



Using phased-out approach PrEP started in 6 districts in 2016 using NGO models and rolled out into public health facilities in 2018- the phased-out approach has worked well. Phased out approach was informed by the Roll out Scenarios



Currently being implemented in 78 sites in 31 of 63 districts.



The roll out is targeting high HIV burdened districts using hotspot making and taking in cognisance those at substantial risk.



PrEP started being offered in OI, OPD, FCH, ANC departments

# Lessons learnt after 3 years of implementation



Adoption of the PrEP guidelines in 2016 and subsequent development of PrEP implementation Plan 2018-2020 gave a policy environment where PrEP was quickly adopted



Community engagement made it easier for PrEP roll out as there was community buy in.



Targeting everyone at substantial risk of HIV infection made it easier for PrEP to be accepted in the community as compared to targeting certain populations



Creating demand targeting certain geographical spaces has helped in managing demand vs available commodities, learning from implementation in smaller spaces

# Challenges and solutions



High frequency of opting in and out of PrEP amongst groups such as SW, SDC, AGYW and MSM



Social reasons for dropping out of PrEP-citing disclosure issues and myths around ART



Clinical withdrawal problems- opting out without continuing as indicated in the guidelines



Sero-conversion- still monitoring what are the cause however current indications are pointing to poor adherence



Package of the commodities has stigma associated to it



## Conclusion



We are currently developing new PrEP targets 2021-2025 in line with HIV and STI strategy under development



The new PrEP targets include Pregnant and Lactating Women, Transgender and People Who Inject Drugs



The country still has no PrEP medicines for 2021 onwards



As we scale up we will increase demand generation across the country however PrEP should be offered as part of combination HIV prevention



Working with PrEP champions and Ambassadors has proved to be a model that works to encourage other people at substantial risk to be take up PrEP

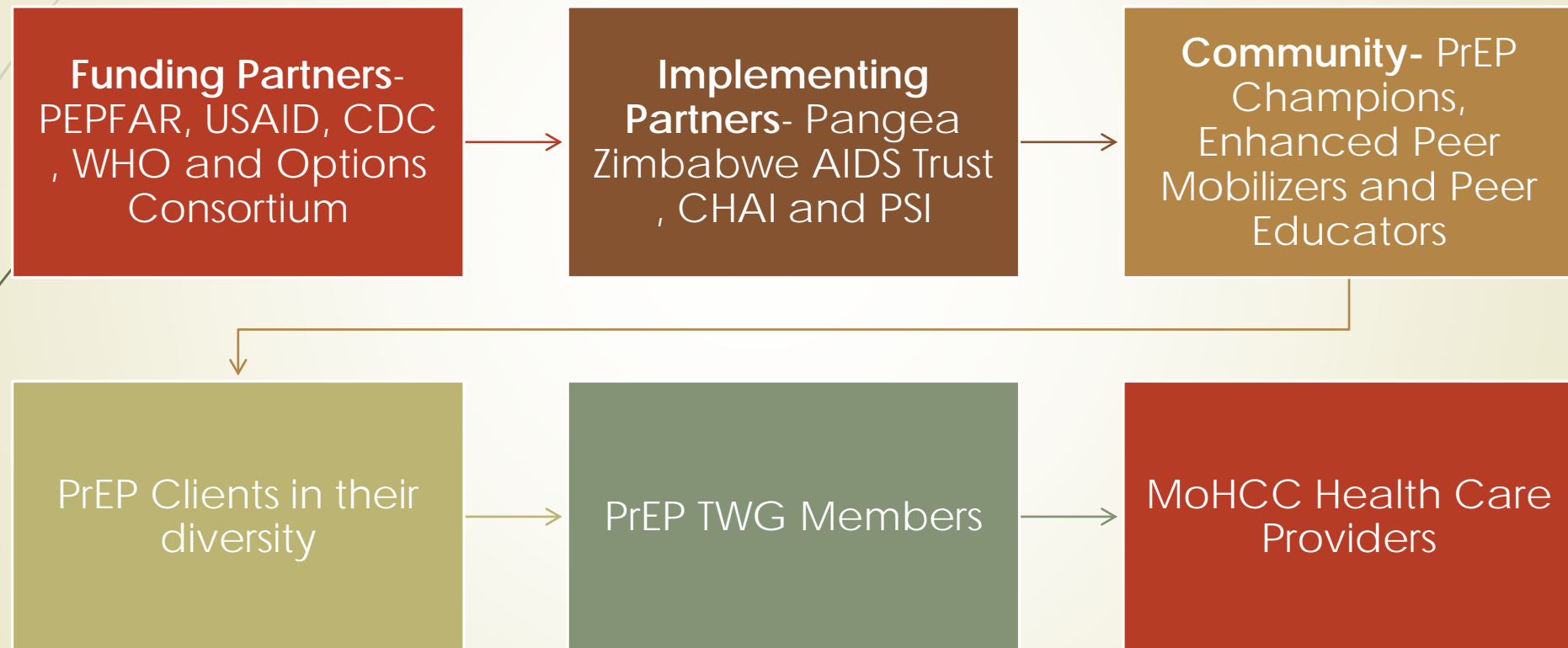


In line with the current PrEP implementation Plan we are open to other ways of taking PrEP such as the ring and injection to compliment Oral PrEP



Research is very critical, PrEP present an opportunity for numerous research including the one we are talking about today

# Acknowledgements





**Thank you**

