

# Zambia HIV TWG

24 April 2025

# Gaps after PEPFAR cuts

- Commodities: PEPFAR, global fund and MoH committed to assistance. No HIV, TB and malaria gap expected.
  - PrEP injectable and oral available: currently being rolled out in facilities
  - Incl 6m injectable Cabotegarvir (not DVR)
  - No OI gap, no TPT gap
- Zammsa affected: Partner providing distribution of drugs had contract terminated. Gates foundation will contribute, incl ELMIS will be funded

# Why the Basic Minimum Package

## Recommended HIV testing modalities

- Harmonization of HIV services across all facilities in the country
- Formation of sustainable and cost-effective package that can be afforded by domestic resource
- Package to strengthen national and subnational GRZ leadership HIV services for HIV
- Package for quality assessment for HIV service across the country

## Modalities which are discouraged

Discouraged testing for all populations and all facility entry points except contacts of index cases.



Minimum package

# Minimum package of HIV testing services

## Recommended HIV testing modalities

- Facility based Index testing and partner notification.
- Facility based diagnostic testing for individuals presenting symptoms suggestive of HIV infection (DCT)
- Dual HIV/Syphilis testing in Antenatal Care (ANC) at booking.
- PMTCT maternal HIV re-testing: 2 re-test in ANC with one done three months after booking and the other one during labour and delivery. One postnatal maternal HIV re-testing at 6 weeks during post-natal reviews or immunization clinic
- Hepatitis B testing for PLHIV and none PLHIV PBFW once in each pregnancy
- Know your child status Plus (KYCS plus)
- Client-initiated counselling and testing (VCT)
- Early Infant diagnosis (EID): 6w\_NAT, 6months\_NAT, 9mo\_NAT, 18mo\_RDT 24mo\_RDT) and keep NAT confirmatory test
- 3 monthly HIV Testing during PrEP

### DSD models for HIV testing

- Higher learning institution HTS
- Community Health Post HTS

## HIV testing modalities which are discouraged

- Generalized provider-initiated testing for all populations and all facility entry points
- Community follow up of contacts of index cases.
- Birth dose EIC testing
- Self-testing services
- Recency testing
- General non targeted community testing

## Required Tools

- National testing algorithm
- HIV Self Test Distribution Register
- HIV and Syphilis Test Kits
- Index and Partner Notification Register
- SOPs (Finger prick testing, Sample collection and handling, Bioline Testing, Determine, Zambia National HIV Testing Algorithm, Pre-Test, Post Test, Disclosure and EID)
- Community HIV testing checklist
- Partner Notification Guidelines
- Know Your Child Status Plus Register
- KYCS+ Guidelines
- HTS Registers
- Timer
- HIV testing Tool kit
- Cooler box
- Sharp box
- Transport
- Identification cards
- Tester certificate
- HIV screening tool (15+)
- Known HIV-positive screening tools
- DSD Guidelines
- KYCS+ Package
- Training of tasters
- EQA support

# Minimum package for HIV prevention services

## HIV prevention services

### Biomedical

- o Oral PrEP
- o **Injectable PrEP**
- o PEP
- o Condom Provision
- o STI screening
- o HIV testing and treatment (TasP, U=U) promotion
- o Integration of PrEP and Family Planning Services for eligible populations

### Behavioural

- o Demand creation for HIV prevention services must be integrate into mainstay health promotion activities and combined with other health promotion services
- o Social Behavioral Change (SBC) Health education must be integrate into mainstay health promotion programming and activities and should not be a stand-alone program
- o Referral to socio-economic empowerment activities such as social cash transfer, keeping girls in school and others for vulnerable populations including adolescent girls must be done in linkages with other responsible line ministries

### Structural Prevention interventions

- o Community HIV response addressing stigma and discrimination (community led service delivery, community led monitoring and community advocacy) must be Integrated into local government structures

### Vaccination

HPV vaccination for eligible girls

### Required Tools

Condom distribution register  
HTS register (facility and community)  
Prep/PEP registers  
GBV/IPV register  
IEC materials  
SBC tool kit  
Public address system  
SOPs  
Guidelines

## HIV preventions services which discouraged for the minimum package

- Stand-alone DREAMS/DREAMS-like community activities. Adolescent HIV prevention through AGYW empowerment will be done in facilities at youth friendly spaces.
- Stand alone or parallel VMMC services outside routine surgical services.

# Minimum package for PMTCT

- PMTCT outreach services (Combination HIV prevention (PrEP, condoms, PEP, patient education, risk reduction messages) targeting AGYW, pregnant and breastfeeding women
- Dual HIV/Syphilis plus viral Hepatitis Testing, in PBFW and girls of childbearing age and their sexual partners
- PMTCT maternal HIV re-testing: 2 re-test in ANC done three months after booking and one during labour and delivery. One postnatal maternal HIV re-testing at 6 weeks during post-natal or immunization clinics.
- Mother Infant Pair tracking through Mentor Mothers or SMAGs
- Early Infant diagnosis (EID): 6weeks\_NAT, 6 months\_NAT, 9mo\_NAT, 12 months with RDT, 18months with RDT and 24 months using RDT. NAT confirmatory test should be done at for all positives.
- SRH linkage and integration of STI screening, assessment for FP services among PBFW
- ARV prophylaxis for HEI with AZT+3TC+NVP
- Cotrimoxazole Infant prophylaxis from 6weeks
- Cotrimoxazole for PBFW living with HIV.
- Proactive appointment and tracking systems for PBFW
- Viral load monitoring for PBFW (2 antenatally with one 4weeks within EDD and at 12 weeks postnatally then as per general population)
- HBV vaccination
- Facility based Index testing and partner notification.
- KYCHS +
- Care and Treatment - HIV/Syphilis/viral Hepatitis
- Routine antenatal care as per national guidelines
- Rapid ART initiation and continuity of treatment
- Linkage to other treatment & care services including NCDs
- Mother-baby tracking

## Required tools.

- Registers, Smart care, National guidelines, SOPs, Antenatal card, TORs, Under five card
- PrEP Register
- PEP Register
- Baby Mother Pair Register
- EID requisition form
- HIV Self test Distribution Register
- Index Testing and Partner Notification Register
- KYCHS+ Register
- Family Planning Register
- Vaccination Register

## PMTCT services which are discouraged for the minimum package.

- Birth testing for HIV
- 3 monthly viral load testing
- Self-testing for partners of PBFW
- Community index testing for partners of PBFW

# Minimum package for HIV treatment and care services (1)

## Paediatric, Adolescents and Adults

- Rapid ART initiation
- Intense case-management support in the first 6 months
- Opportunistic infections (OI) screening
- Retention (disclosure support, transition support, peer support groups, proactive appointment and RoC missed appointment tracking)
- Viral load (VL) monitoring (identifying, managing and appropriately referring high VL recipients of care (RoC))
- Treatment Literacy including adherence support

## Differentiated Service Delivery (DSD)

- Multi-month dispensation (MMD)
- Fast track
- Scholar Models
- Weekend services (men, adolescents, high risk individuals)
- Community ART delivery models
- DSDs for unstable RoC

## Integration of NCD and mental health

- Screening and referral for HTN, DM, Obesity, Renal disease
- Screen or refer for cervical cancer screening
- Screening and referral for common mental health disorders

## HIV treatment services which are discouraged for the minimum package

- Cotrimoxazole prophylaxis outside children and PBFW
- Repeat TPT for individuals who have received TPT before
- Baseline viral load testing
- HIVDR after first line treatment failure only

# Minimum package for HIV treatment and care services (2)

## TB Prevention Therapy (TPT) and Intensified Case Finding (ICF)

- Screen, diagnose and treat TB
- Provision of TPT to all eligible (old and new) RoC
- Administrative controls for infection prevention

## Advanced HIV Disease (AHD)

- Screen and identify RoC with AHD using WCS and CD4
- OI screening with LF-LAM and CrAg
- Treat with Anti Tuberculous Therapy (ATT)
- TB Preventive Treatment (TPT)
- Referral where service is not available
- Linkage to ART for treatment naïve or Clients returning to treatment (RTT)

## Sexually Transmitted Infections (STI) and Sexual Reproductive Health (SRH)

- Screen, diagnose and treat STIs
- Risk reduction counseling including Condom distribution
- Family Planning (mixed method) counselling and service provision
- Pregnancy screening and linkage to Antenatal Care (ANC)/Postnatal Care (PNC)

## HIV treatment services which are discouraged for the minimum package

- Cotrimoxazole prophylaxis outside children and PBFW
- Repeat TPT for individuals who have received TPT before
- Baseline viral load testing
- HIVDR after first line treatment failure only

# Minimum package of HIV commodity services

**All HIV related community services must be integrated into routine national community health systems and should NOT be siloed or be implemented as parallel programs. The following community-based HIV should be provided in a cost effective and sustainable manner.**

- Community DSD models for HIV testing
- Community PMTCT models
- Other HIV prevention community services
- Community DSD Models for HIV prevention
- Community DSD models for HIV treatment and care including community ART delivery models
- Community HIV services models for prevention and treatment targeted at high-risk groups
- Community based health education and health promotion
- Community led advocacy, literacy, stigma reductions and service feedback activities

## Required tools

- National community health strategy
- Enablers including gumboots, bicycles etc.
- Stipends for CHWs
- Community registers
- Phones
- Talk time
- Mass-communications devices

# Monitoring and Retention services

- Community Follow Up
- Clinical Follow-Up
- Laboratory monitoring
- Management of Unsuppressed RoC
- Rational appointment and tracking system (including appointment by day and time where appropriate, tracking system)
- Management of RoC Transfers
- Other Modalities to Improve Retention
- Welcome back package ( aprons, posters etc)

# Minimum package of information health systems

- **Data is critical for successful HIV services and all health workers including the in-charge of the facility should be involved in the management of health information at facility level**
- **It is recommended that electronic health information systems are used as opposed to paper-based systems.**
  - **These include health information systems for clinical services, logistics services and laboratory services**

## Health information services

- Data collection for HIV prevention, testing, clinical, laboratory and pharmacy services provided to all RoC
- Data reporting for all HIV related indicators in the standard national health information systems
- Data audit/cleaning
- Program review meeting should be monthly

## Required tools.

- HIV related registers (for paper Based facilities)
- Functional smartcare (EHR facilities)
- Internet connectivity
- ART forms
- indicator manual reference
- Data Audit Guidelines
- Data Audit forms
- HIV documented registers
- Data quality Implementation Plan
- Indicator reference manual
- HMIS Procedure manual
- WHO Data Quality application
- Performance Review template

# Minimum package of HIV laboratory services

- Sample collection for viral load, CD4 cell count, Urine-LAM, CrAg, RST, HBsAg, HIVDR and safety labs tests
- Sample storage and processing
- Quality assurance of HIV testing services (QMS)
- Biosafety and biosecurity
- Inventory management of laboratory commodities
- Data entry in LIMS
- Return of results
- Waste management
- Courier services for samples

## Required tools

- Standard operating procedures
- PPE
- Sample processing equipment
- Appropriate storage equipment
- Power backup
- Internet connectivity
- Functional Laboratory Information system
- Lab forms and results forms
- Registers
- Cooler boxes and icepacks
- Safety cabinet
- Thermometers
- Waste management equipment

# Minimum package for HIV services: Pharmaceutical logistics supply system

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- Dispensing of first and second line ARVs and OI medicines
- Storage of ARVs and OI medicines
- Inventory management of ARVs and OI medicines
- Requisition of ARVs and OI medicines
- Data entry in the eLMIS, SmartCare and paper-based record system
- Counseling of recipients of care
- Pharmacovigilance of ARVs and OI
- Appointment management
- Tracking of recipients of care pharmacy appointments

## Required tools.

- Functional electronic logistics tools (eLMIS, SmartCare etc.)
- Daily Activity Register (DAR)
- Requisition books
- Bin cards
- Standard Operation Procedures for ordering, disposal etc.
- Internet connectivity
- Pharmacovigilance forms
- Zambia HIV Clinical and formulary guidelines

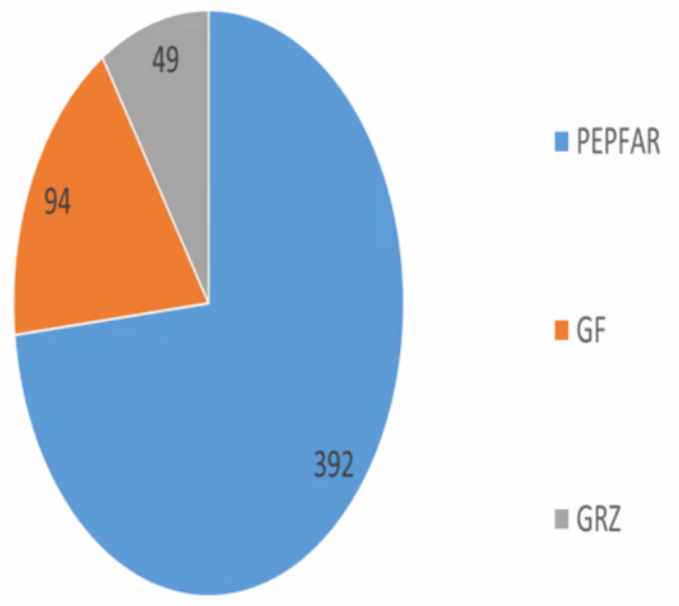
Financing

# Financing: Understanding the Cost of HIV Service Delivery in 2024

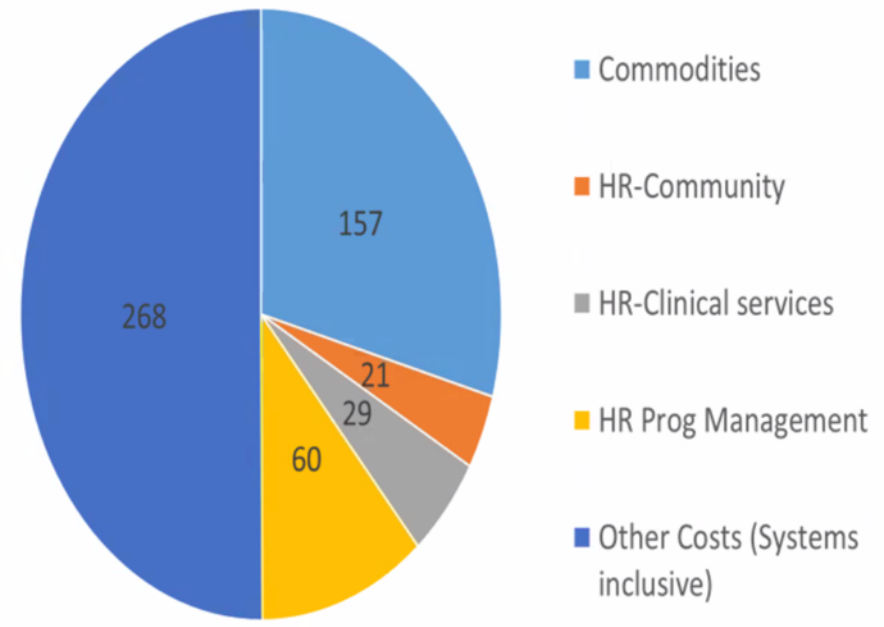


Unit cost knowledge & Resource alignment-critical

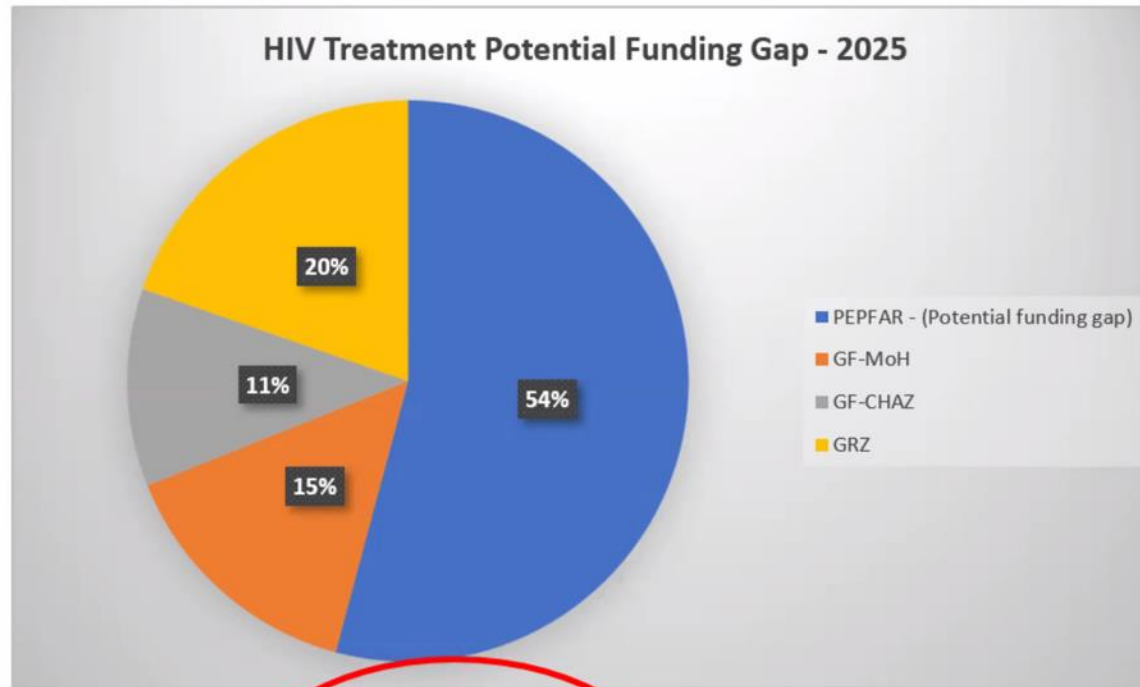
FYR 2024 HIV Funding Landscape (Million USD)



Cost Elements Based on FYr 2024 Funding Landscape (Million USD)



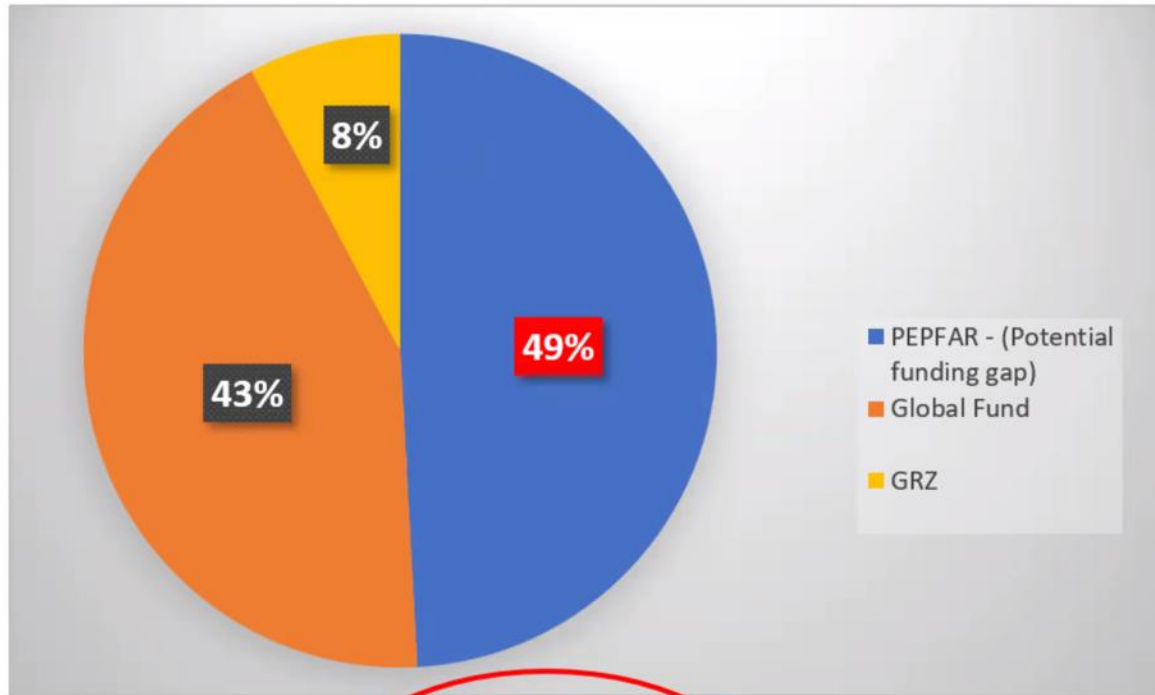
# HIV Treatment – ARVs



- PEPFAR commitment towards procurement of ARVs is **\$42,122,202** representing **54%** of the 2025 funding needs

| Total Current Funding Needs - 2025 | PEPFAR - (Potential funding gap) | GF-MoH          | GF-CHAZ        | GRZ          |
|------------------------------------|----------------------------------|-----------------|----------------|--------------|
| \$77,768,917                       | <b>\$42,122,202</b>              | \$11,482,500.00 | \$8,858,265.00 | \$15,305,950 |

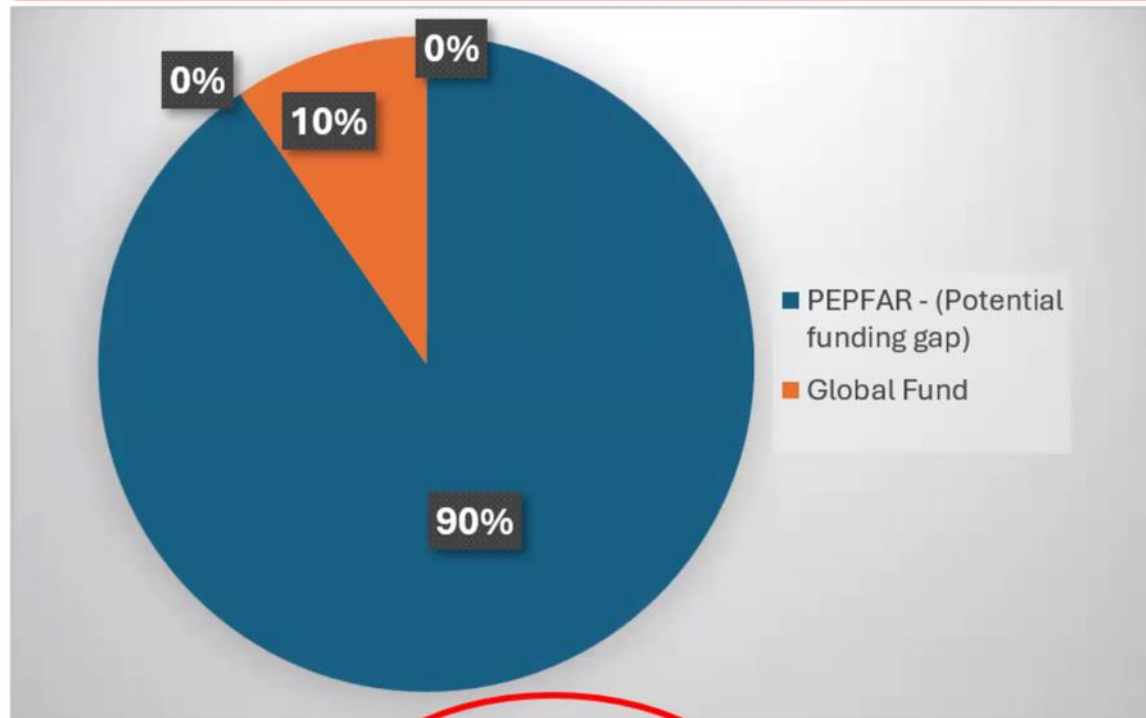
# HIV Prevention – ARVs



- PEPFAR commitment towards procurement of ARVs for PrEP is **\$3,070,245** representing **49%** of the 2025 funding needs
- Affected commodities are oral PrEP (TE) and Cabotegravir injection

| Total Current Funding Needs – 2025 | PEPFAR - (Potential funding gap) | Global Fund    | GRZ       |
|------------------------------------|----------------------------------|----------------|-----------|
| \$6,248,140                        | <b>\$3,070,245</b>               | \$2,692,719.00 | \$485,176 |

# Treatment for Opportunistic Infections



- PEPFAR commitment towards procurement of drugs for opportunistic infections is **\$2,868,868** representing **90%** of the 2025 funding needs
- Affected commodity is Co-trimoxazole tablet and suspension

| Total Current Funding Needs – 2025 | PEPFAR - (Potential funding gap) | Global Fund  | CHAZ   | GRZ |
|------------------------------------|----------------------------------|--------------|--------|-----|
| 3,173,392                          | <b>\$2,868,868</b>               | \$304,523.00 | \$0.00 | \$0 |

# ZAMMSA Warehouse & Distribution – PEPFAR Funded

| No. | Item  | Annual Cost (USD)  | Remarks  |
|-----|---|--------------------|--|
| 1   | Warehouse management system                   | 341,399            | License, operation and system upgrade                              |
| 2   | Distribution of drugs, lab & medical supplies | 2,000,000          | Central & Hub ZAMMSA distribution                                  |
| 3   | Quantification Analytics Tool                 | 170,820            | Includes setup & operational costs                                 |
| 4   | Infrastructure                                | 323,811            | Support towards maintenance of ZAMMSA infrastructure and equipment |
| 5   | Human Resource                                | 161,695            | HR costs for 21 warehouse staff                                    |
|     | <b>Total funding gap</b>                      | <b>\$2,997,725</b> |  |

# Costed Minimum HIV Services Package (PEPFAR Component FY25)

| Minimum HIV Services Package   | Current Cost (US\$)   | Adjusted Cost (US\$)  |
|--|-----------------------|-----------------------|
| HIV/STI Testing Services   | 380,000.00            | 152,000.00            |
| HIV Prevention Services  | 3,035,420.00          | 632,065.00            |
| Prevention of Mother to Child Transmission (PMTCT)                         | 505,300.00            | 227,385.00            |
| HIV Treatment and Care Services  | 11,280,180.00         | 3,308,853.00          |
| HIV Clinical Monitoring and Retention Services (Laboratory Services)       | 8,549,086.00          | 1,409,463.00          |
| Community HIV Services   | 1,877,000.00          | 332,000.00            |
| HIV Information Health Systems   | 39,298,257.00         | 9,180,343.00          |
| Pharmaceutical and Laboratory Commodities for HIV, TB and Malaria Services | 97,900,315.32         | 97,900,315.32         |
| Donor Supported Staff (Site level and Above Site Level)                    | 55,253,072.00         | 34,510,264.00         |
| <b>Total (US\$)</b>  | <b>218,078,630.32</b> | <b>147,652,688.32</b> |

**HIV/TB/MALARIA: Status, Gap & Intervention**

Roles and responsibilities

# Roles and Responsibilities



| Health system areas                | Institution | Roles  |
|------------------------------------|-------------|--|
| <b>Leadership &amp; Governance</b> | Government  | <ul style="list-style-type: none"> <li>• Developing HIV prevention policies</li> <li>• Coordination of the program at all levels</li> <li>• Supervision of the implementation of services</li> <li>• Engagement of the community</li> </ul>  |
|                                    | Community   | <ul style="list-style-type: none"> <li>• Advocacy for policies that address the HIV prevention needs of the population</li> </ul>  |
| <b>Service delivery</b>            | Government  | <ul style="list-style-type: none"> <li>• Planning and delivery of service</li> <li>• Deployment of qualified staff</li> <li>• Capacity building of the staff</li> <li>• Provide HTS, combination HIV Prevention, HIV treatment</li> <li>• Integrate HIV services in all health services</li> <li>• Provide HIV prevention services in the community, targeting the high-risk groups</li> </ul> |
|                                    | Community   | <ul style="list-style-type: none"> <li>• Advocacy and mobilization for HTS</li> <li>• Demand creation of the PrEP services</li> <li>• Community led-services</li> <li>• Health promotion of behavior change &amp; risk reduction</li> <li>• Peer support to reduce stigma &amp; discrimination</li> </ul>  |
|                                    | Partners    | <ul style="list-style-type: none"> <li>• Provide TA and TS in HIV prevention</li> </ul>  |

# Roles and Responsibilities



| Health system areas              | Institution        | Roles   |
|----------------------------------|--------------------|---|
| <b>Health Commodities</b>        | Government /Donors | <ul style="list-style-type: none"> <li>Procure Test kits, ARVs for PrEP/PEP &amp; Treatment</li> <li>Identify space for community PrEP provisions through local government</li> <li>Introduction of new PrEP tools</li> <li>Distribution of the commodities</li> <li>Forecasting &amp; Quantification of the commodities</li> </ul> |
|                                  | Community          | <ul style="list-style-type: none"> <li>Community distribution of Condoms/Lubricants, PrEP</li> </ul>  |
|                                  | Partners           | <ul style="list-style-type: none"> <li>Provide TA in distribution, F&amp;Q</li> </ul>   |
| <b>Health Financing</b>          | Government         | Resource mobilization <ul style="list-style-type: none"> <li>domestic financing</li> <li>Donor funding</li> <li>Private sector</li> </ul>   |
|                                  | Community Partner  | <ul style="list-style-type: none"> <li>Appropriate resource mobilization</li> <li>Supplement government/donor funding to HIV prevention program</li> </ul>  |
| <b>Health Information System</b> | Government         | <ul style="list-style-type: none"> <li>Deploy EHR (SC) as the primary data tool</li> <li>Interoperability of the NACMIS and DHIS2</li> </ul>  |
|                                  | Community Partner  | <ul style="list-style-type: none"> <li>Utilization of community tools</li> <li>Support BUT with government leadership</li> </ul>  |

# HIV Prevention Service Points



| Approach          | Tools                                  | Population Type |     |        |       |                  | Community | Facility |
|-------------------|--|-----------------|-----|--------|-------|------------------|-----------|----------|
|                   |  | All             | AYP | Adults | PBF W | High Risk Groups |           |          |
| <b>Structural</b> | Stigma & discrimination reduction      | ✓               | ✓   | ✓      | ✓     | ✓                | ✓         | ✓        |
|                   | SGBV services                          | ✓               | ✓   | ✓      | ✓     | ✓                | ✓         | ✓        |
| <b>Behavioral</b> | Health education on HIV Risk reduction | ✓               | ✓   | ✓      | ✓     | ✓                | ✓         | ✓        |
| <b>Biomedical</b> | Condoms and Lubricants                 | ✓               | ✓   | ✓      | ✓     | ✓                | ✓         | ✓        |
|                   | VMMC                                   | ✓               | ✓   | ✓      |       | ✓                |           | ✓        |
|                   | PrEP                                   | ✓               | ✓   | ✓      | ✓     | ✓                |           | ✓        |
|                   | PEP                                    | ✓               | ✓   | ✓      | ✓     | ✓                |           | ✓        |
|                   | HIV Treatment                          | ✓               | ✓   | ✓      | ✓     | ✓                |           | ✓        |
|                   | Harm Reduction                         |                 |     |        |       | ✓                | ✓         | ✓        |



# PEPFAR Supported Wellness Centers with CSOs implementation

- 32 wellness centers across the country
- Over 20,000 KP are on ART
- Over 15,000 KPs are on oral PrEP
- Over 1,500 are on injectable PrEP

| RECEIVING ORGANISATION      | GEOGRAPHIC LOCATION                                       |
|-----------------------------|---|
| CDC & USAID (CIDRZ & CIHEB) | SOUTHERN AND COPPERBELT PROVINCES ( 8 Districts)          |
| CDC,USAID (CIHEB, JSH)      | WESTERN AND LUSAKA PROVINCES ( 6 Districts)               |
| CDC,USAID                   | MUCHINGA, COPPERBELT AND EASTERN PROVINCES ( 6 Districts) |
| USAID (JSH)                 | LUSAKA PROVINCE ( 1 District )                            |
| CDC (CIDRZ)                 | LUSAKA PROVINCE ( 2 Districts)                            |
| CDC, USAID (CIHEB, CIDRZ)   | LUSAKA, COPPERBELT & SOUTHERN PROVINCES (7 Districts)     |
| USAID (JSH)                 | LUSAKA & CENTRAL PROVINCES ( 2 Districts)                 |

# Immediate Needs, Recommendations and Actions

| Immediate Needs   | Recommendations  | Action  |
|---|--|---|
| <ul style="list-style-type: none"> <li>Electronic tools (QAT, eLMIS, SmartCare, Dispatch Routing and Optimization Tool)</li> <li>Staffing – Warehouse assistants</li> </ul> | <ul style="list-style-type: none"> <li>Technical and financial support</li> <li>Secure full access rights coupled with skills transfer for ZAMMSA &amp; Control Tower Staff.</li> <li>Localization of electronic tools</li> </ul>                                    | <ul style="list-style-type: none"> <li>Engaged other partners                             <ul style="list-style-type: none"> <li>Gates Foundation</li> <li>Susan Thompson Buffet Foundation</li> <li>Global Fund</li> </ul> </li> </ul> |
| Extension of framework agreements with local manufacturers by ZPPA  | <ul style="list-style-type: none"> <li>Expedite process of granting framework agreements/contracts with local manufacturers</li> <li>ZPPA to engage local manufacturers on 3-year framework agreements. Issuance of a waiver</li> </ul>                              | <ul style="list-style-type: none"> <li>Unlocked the process with ZPPA and contracting process under way</li> <li>Active Engagements over ARV local manufacturing</li> </ul>   |
| Funding gap for ARVs/OIs/TPT/Malaria RDTs/Antimalaria drugs/TB Gene Xpert cartridges  | <ul style="list-style-type: none"> <li>Increase drug budget allocation based on the established need</li> </ul>  | <ul style="list-style-type: none"> <li>Supplementary budget of 147 M USD requested for</li> </ul>   |
| Sustainable ART financing in Zambia   | <ul style="list-style-type: none"> <li>Private facilities to start procuring and providing ARVs and HIV commodities to all recipients of care accessing services from the private</li> <li>Explore alternative financing for procurement (private sector)</li> </ul> | <ul style="list-style-type: none"> <li>Engaging the private sector and preparing them</li> <li>Implementation of the sustainability road map</li> </ul>   |

## Summary of Proposed Long-term Solutions : SEVEN BROAD AREAS

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- Create Health Fund & Strengthen NHIS to take up HIV services
  - Policy adjustments -Advocacy
- Increase National Budget allocation for HIV services
  - Constrained by current fiscal space (debt & climate issues)
- Local Manufacturing of ARVs and other Commodities
- Legal & Policy reforms to create an enabling environment
  - For HIV service provision to KVP (protect HCW & recipients of care)
- Re-design service delivery modalities as well as integrate services where feasible
  - Will require assessments, guidelines etc.
- Build resilient systems for health
  - Storage & distribution infrastructure, lab diagnostic and monitoring capacity (QMS & LIS)
  - Inter-operable information systems, government stewardship, acceptable coverage across HF, including communities
  - Support community led actors in service delivery and monitoring-Social contracting
- Private Sector Participation
  - Leverage on comparative and competitive advantages across the areas (services & systems)

# Summary of ARV for Prevention Commodity Status

| Description of Item  | Treatment             |               |                 |
|--|-----------------------|---------------|-----------------|
|  | Average Monthly Issue | Stock on Hand | Months of Stock |
| Abacavir Sulfate+Lamivudine+Dolutegravir 60/30/5mg tab, 180s           | 3,390                 | 13,440        | 4.0             |
| Abacavir Sulphate/Lamivudine 120/60mg tab, 30s                         | 14,480                | 34,002        | 2.3             |
| Dolutegravir 10mg Scored Dispersible tab, 90s                          | 769                   | 5,481         | 7.1             |
| Dolutegravir 50mg tab, 30s   | 21,342                | 32,448        | 1.5             |
| Dolutegravir/Lamivudine/Tenofovir 50/300/300mg tab, 90s                | 965,766               | 1,323,198     |                 |
| Dolutegravir/Lamivudine/Tenofovir 50/300/300mg tab, 30s                |                       | 1,050,000     |                 |
| Tenofovir Alafenamide/Emtricitabine/Dolutegravir 25/200/50mg tab, 30s  | 290,434               | 191,946       |                 |
| Tenofovir Alafenamide/Emtricitabine/Dolutegravir 25/200/50mg tab, 90s  |                       | 200,603       | 2.7             |
| <b>Prevention of Mother to Child Transmission (PMTCT) Stock Status</b> |                       |               |                 |
| Nevirapine 50mg/5ml 100mL susp, bottle                                 | 4,605                 | 40,655        | 8.8             |

PrEP Commodity Status

| <b>HIV Prevention Commodities Stock Status</b>    |               |                |             |
|---|---------------|----------------|-------------|
| <b>Tenofovir/Emtricitabine 300/200mg tab, 30s</b> | <b>89,371</b> | <b>333,082</b> | <b>3.73</b> |
| <b>Cabotegravir 600mg/3mL, IM inj., vial</b>      | <b>6,525</b>  | <b>40,150</b>  | <b>6.2</b>  |

**H 6 monthly Lenacapavir and Dapivirine Vaginal Ring planned under GRZ procurement**