Zambia Vertical Transmission Prevention Progress

December 4th – 6th 2024 | Johannesburg, South Africa

HIV Impact Network for Vertical Transmission Elimination

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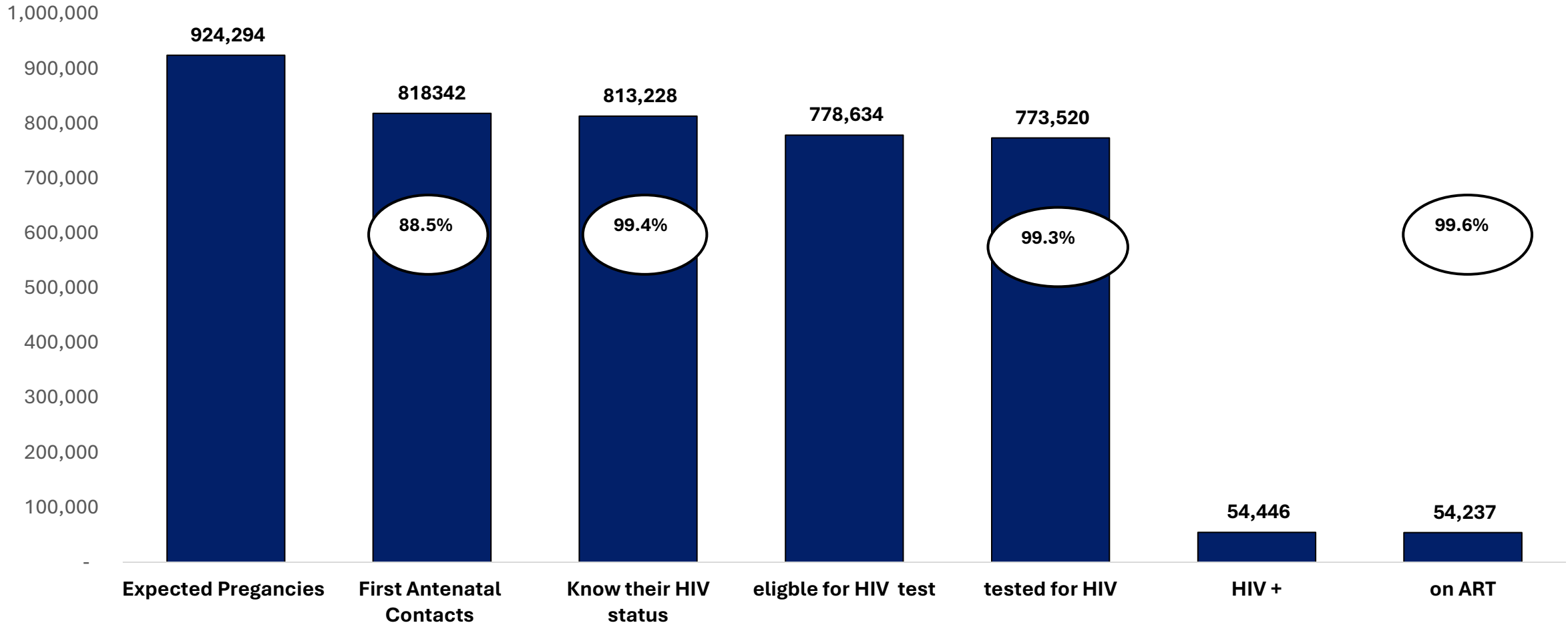
Vertical Transmission Prevention Cascade



MoH HMIS 2023

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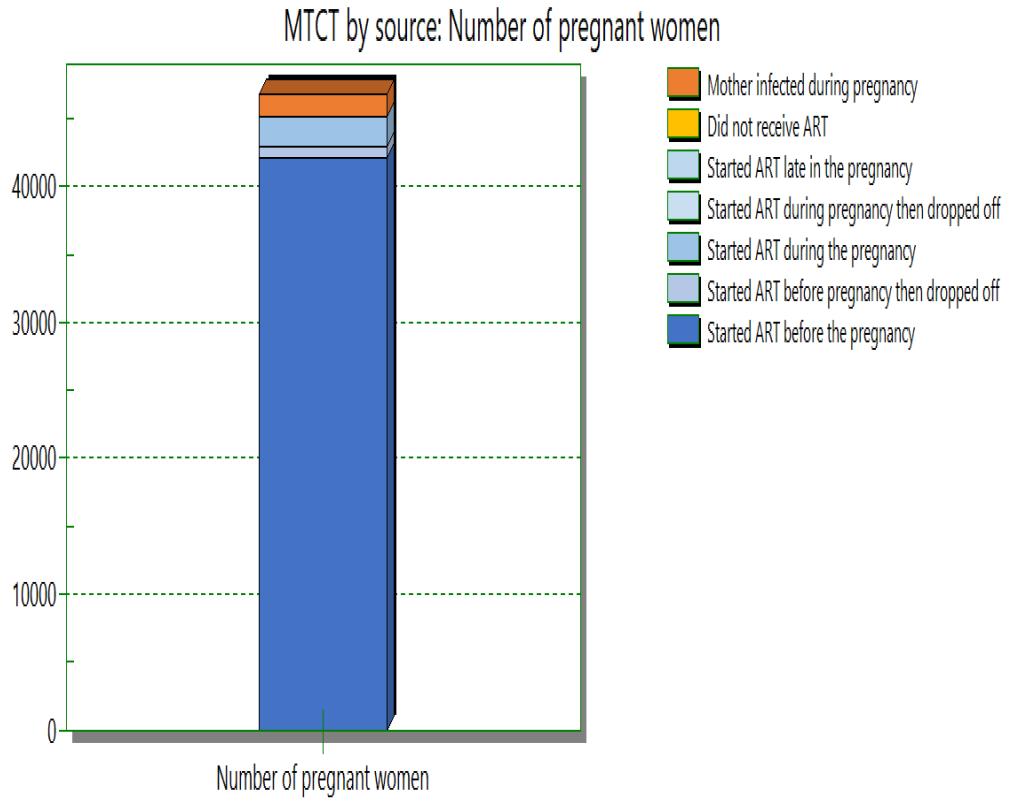
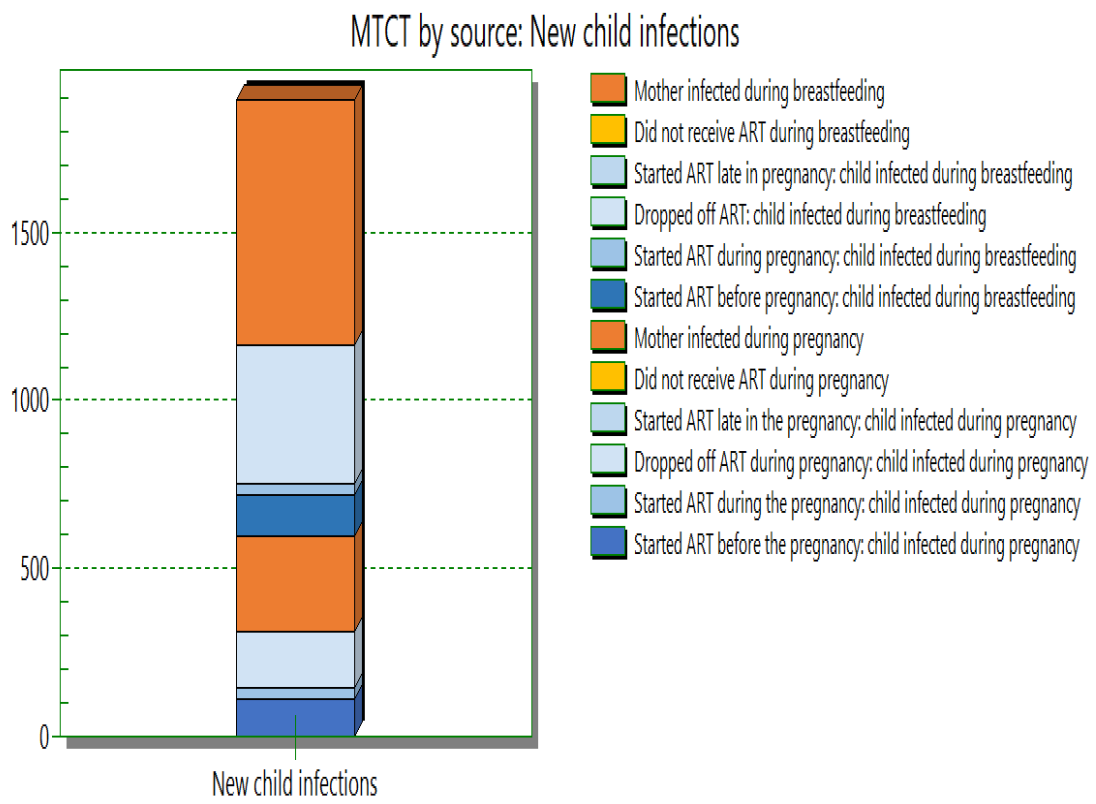
Risk of Vertical Transmission of HIV

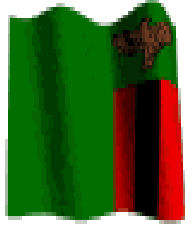
Vertical transmission in pregnant women

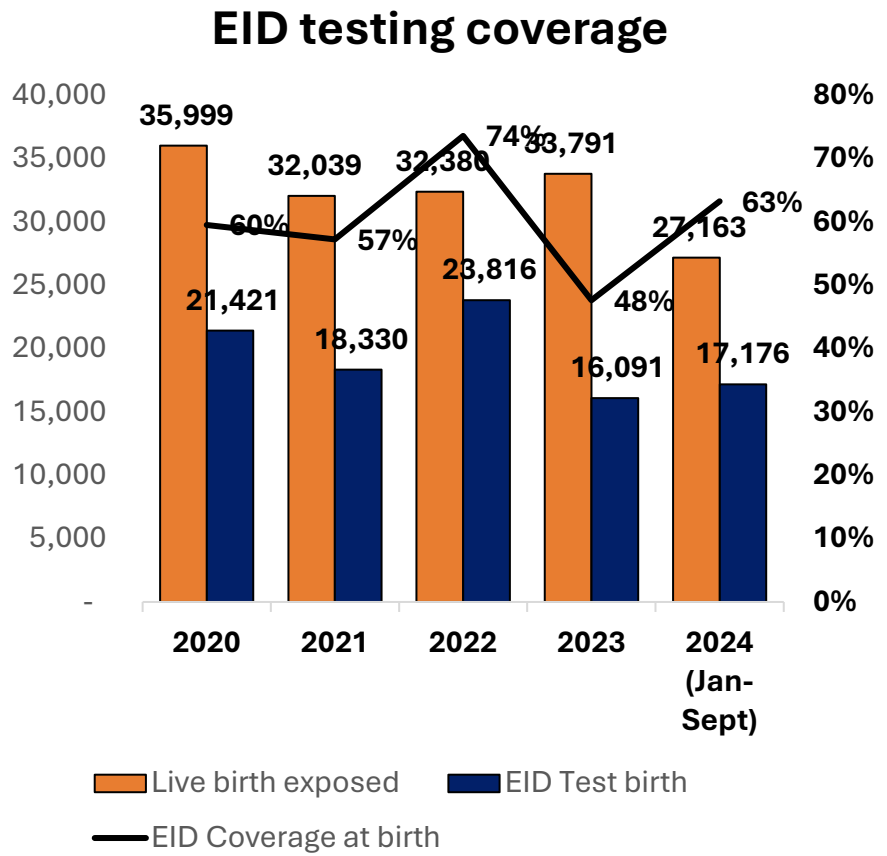


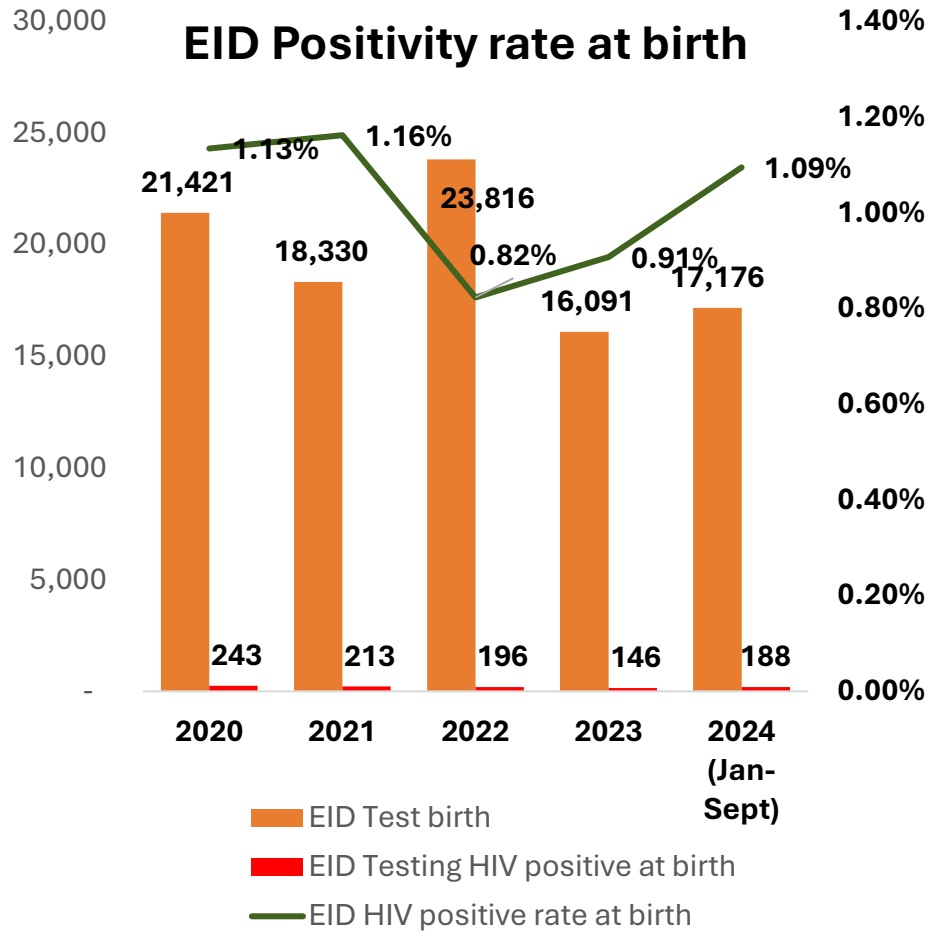
New child infections by source



Early Infant HIV Diagnosis Coverage and Positivity Rate







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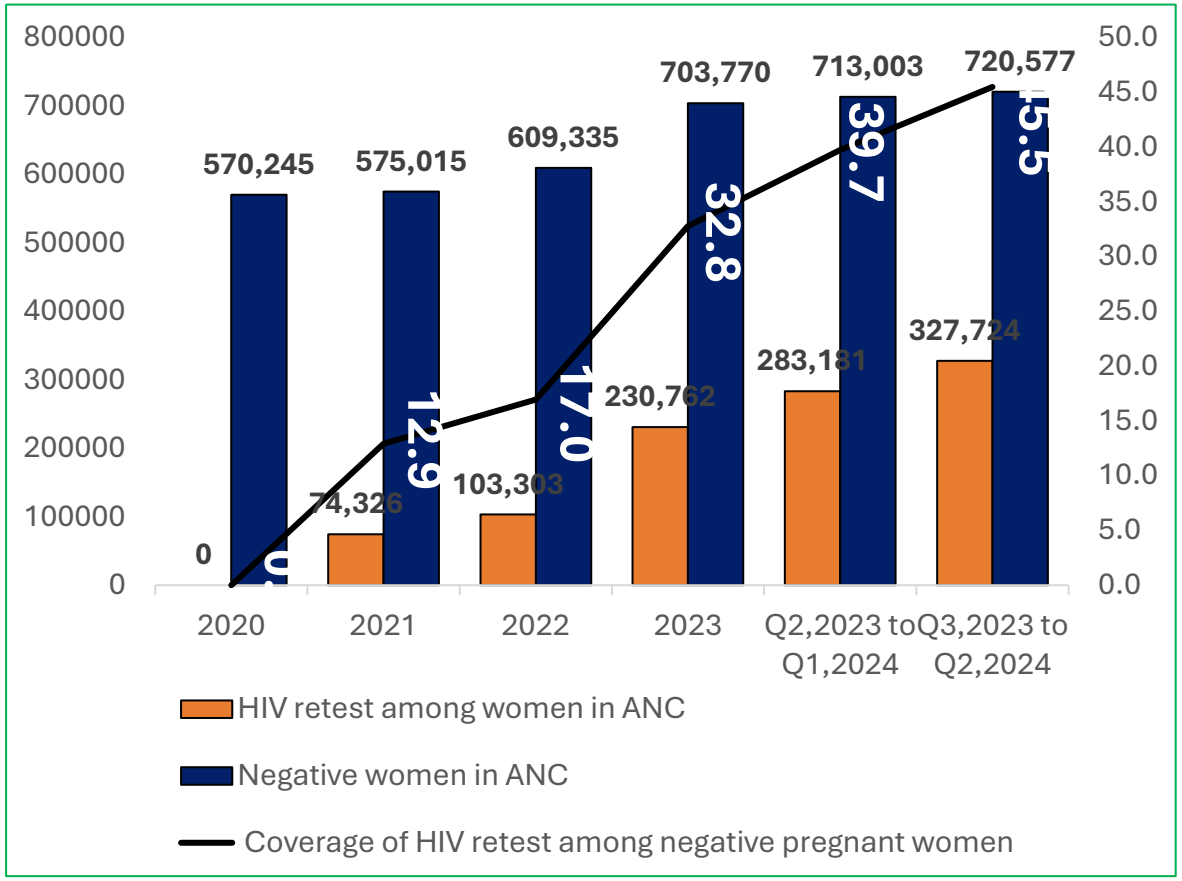
Strategies for Testing Pregnant and Breastfeeding Women (Community & Facility)

Public health facilities offer HIV testing for PBFW. Community testing is targeted.

1. Universal routine HIV testing
    - Opt out Provider Initiated Testing & Counselling (PITC)
2. HIV/Syphilis dual testing
    - ANC women and partners
3. Maternal retesting for HIV every 3 months until cessation of breastfeeding
4. HIV-self testing for partners

Approaches for Identifying Incident HIV Infection During Pregnancy and Breastfeeding (Maternal Retesting)



Retesting of HIV negative PBFW and partners

- Serological testing every 3 months until cessation of breastfeeding

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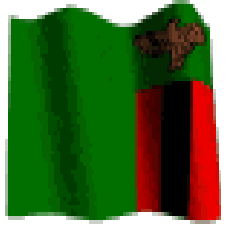
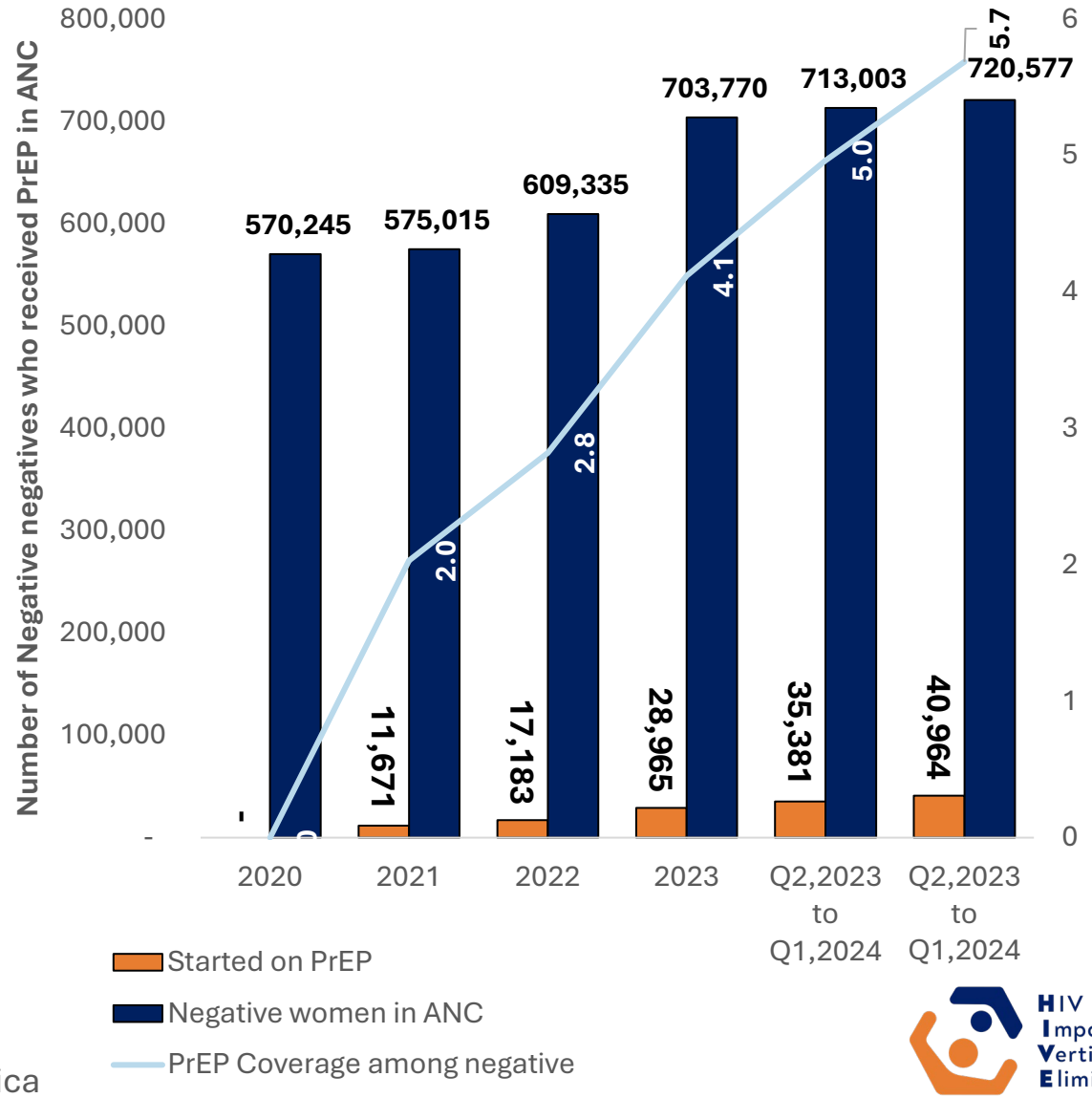
Strategies for Preventing Incident HIV Among Women During Pregnancy and Breastfeeding



HIV Pre-and Post Exposure Prophylaxis Guidelines support PrEP for PFBW

Risk based approaches are used for PrEP in PBFW

- A woman taking PrEP who subsequently becomes pregnant and remains at substantial risk of acquiring HIV
- A PBFW HIV negative woman who is perceived or perceives herself to be at substantial risk of HIV acquisition
- A PBFW in a sero-discordant relationship
- An HIV negative woman trying to conceive with an HIV-positive partner



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Strategies for Continuity of Antiretroviral Treatment During Pregnancy and Breastfeeding

- Comprehensive management of PBFW living with HIV is integrated within the Maternal Child Health (MCH) platform
  - All PBFW access care from MCH during pregnancy and breastfeeding including infants until the status of the infant is determined at 24 months
- PBFW are linked to peer-led mentor mothers for support
- Viral load monitoring for PBFW is done every three months until the cessation of breastfeeding
- PBFW with unsuppressed viral loads are enrolled into the enhanced adherence counselling to manage the viraemia

Early Infant Diagnosis Approach

Infants with perinatal HIV exposure are followed up in MCH for 24 months with testing at specific timepoints

1. Birth	Nucleic Acid Testing (NAT)	5. 12 months.	Serology
2. 6 weeks	NAT	6. 18 months	Serology
3. 6 months	NAT	7. 24 months	Serology
4. 9 months	NAT		

Final outcome determined at 24 months

Virological Testing - Nucleic Acid Testing (NAT) is done on either

- Dried Blood Spot (DBS) and sent to central laboratory through established courier systems, or
- Fresh blood sample through point-of -care (POC) mostly through **Hub & Spoke** model

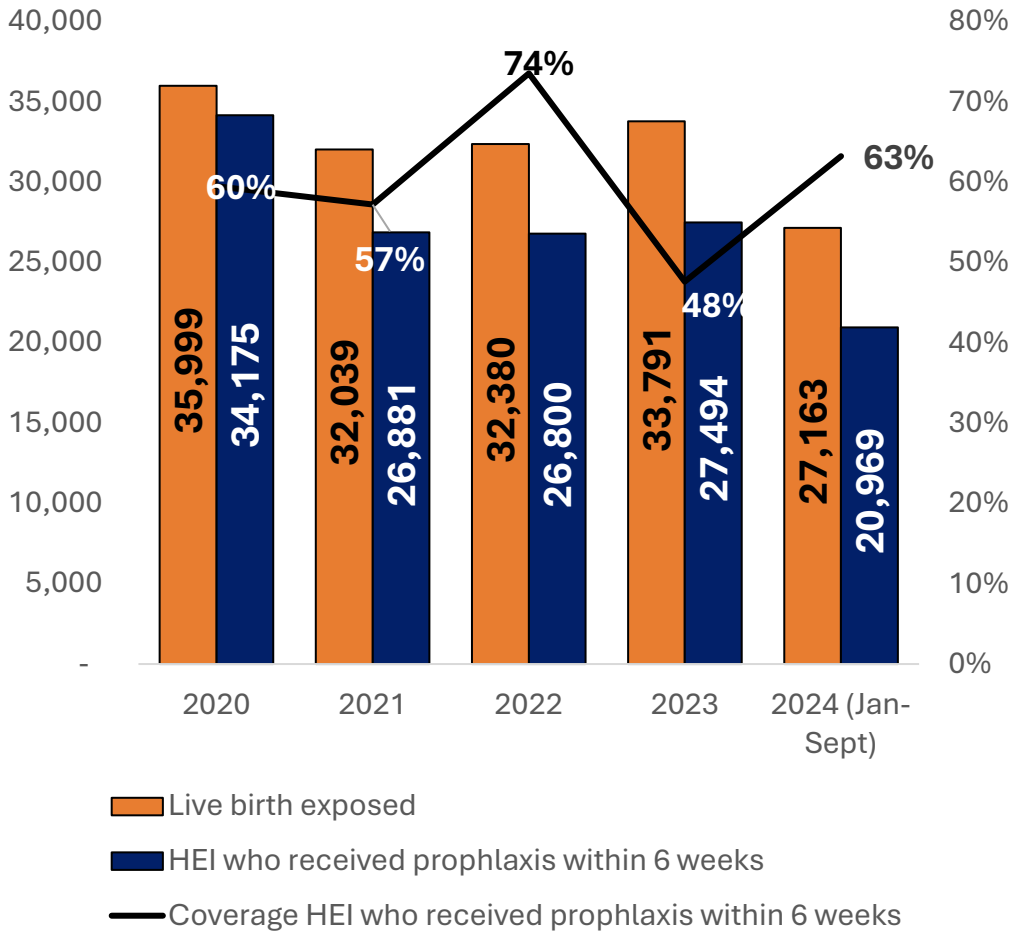
Postnatal Prophylaxis (PNP) for Infants with Perinatal HIV Exposure

Breastfed infants

- Recommended ARV prophylaxis in Zambia is AZT/3TC + NVP
- Give ARV prophylaxis from birth for 12 weeks
    - Stop prophylaxis if the mother is on ART and has documented VL <1000 c/ml at 3 months postnatally
    - If the Mother on ART and VL test results are greater or equal to 1000 c/ml continue the ARV prophylaxis until the mother is virally suppressed or up to 1-week post breastfeeding cessation
- If the mother is not on ART continue ARV prophylaxis up to 1 week post breastfeeding cessation

Infants on exclusively replacement feeds from birth

- Give ARVs prophylaxis for six weeks from birth



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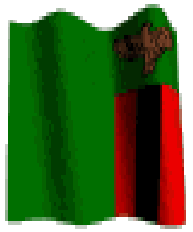
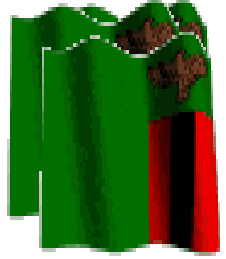
Best Practices on Prevention of Vertical Transmission of Hepatitis B and Syphilis



1. Integration of prevention of vertical transmission of Hepatitis B virus and Syphilis into the mother child health (MCH) platform
2. Implementation of HIV/Syphilis dual testing avails testing of syphilis in pregnant women
    - Coverage of syphilis testing for pregnant women increased from 56% in 2021 to 78% in Q2 2024 (*HMIS 2024*)
3. Extensive coverage of hepatitis B vaccination has significantly reduced the prevalence of hepatitis B in children from 2.7% before 2006 to 0.7% to after 2006

Key Challenges in Implementation of HIV Vertical Transmission Prevention Programs



S/N	Area	Challenge	Recommendation
1.	Data	Numerous Data collection tools	Integration and Digitalization
2.	HIV infections	Continued New Infections in Infants	Optimize prevention and retention strategies
3.	Final Outcome	Higher Proportion of Unknown Final Outcome	Strengthen cohort monitoring & peer led/mentor mother model

2025 Priorities for HIV Vertical Transmission Prevention

1. Focus on implementation of the National Operational Plan Elimination of Vertical Transmission of HIV, Syphilis, Hepatitis B virus (Triple EMTCT Plan)
    - Universal Timely Hepatitis BD
2. Aim to get to **Silver tier** of the Path to Elimination in 2026
    - Reducing the case rate for new paediatric infections to <500 cases/100,000 live births
3. Plan to improve the data quality
4. Focus on enhancing HIV prevention strategies for PBFW
    - Increase oral PrEP uptake
    - Introduce injectable PrEP (Cabotegravir LA)
5. Plan to support retention of PBFW in care through peer led mentorship (mentor mother model)

Thank You!

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