



Challenges, adaptations and innovations – PrEP for PBFW and sample transportation

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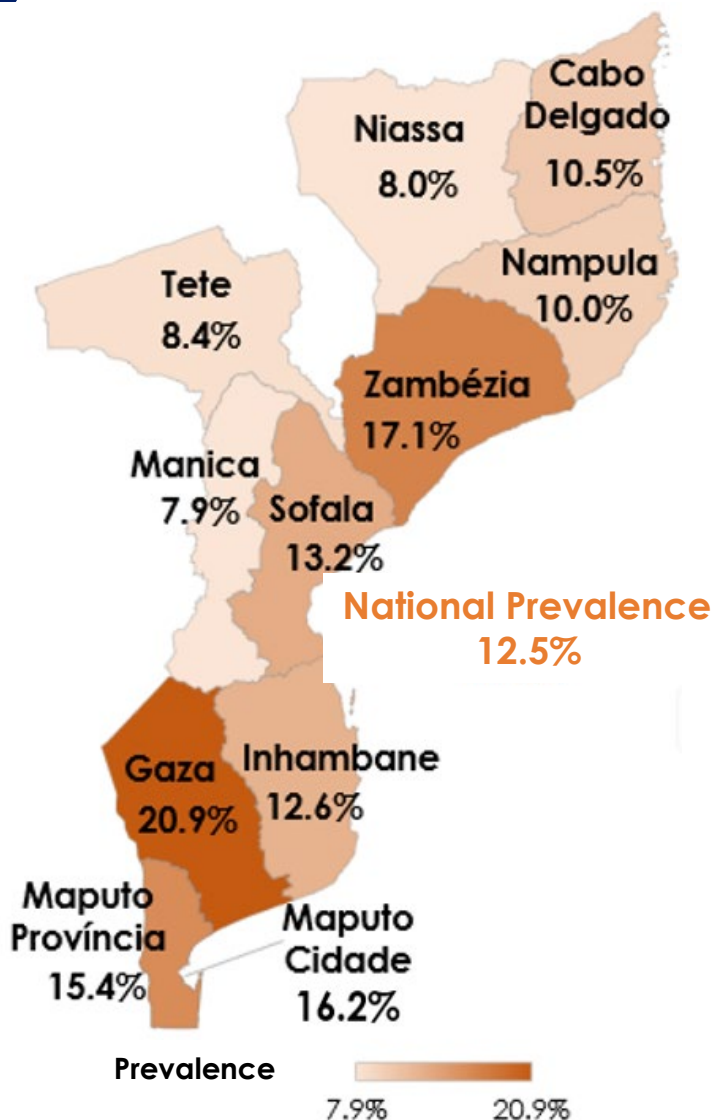
VTP team, Mozambique



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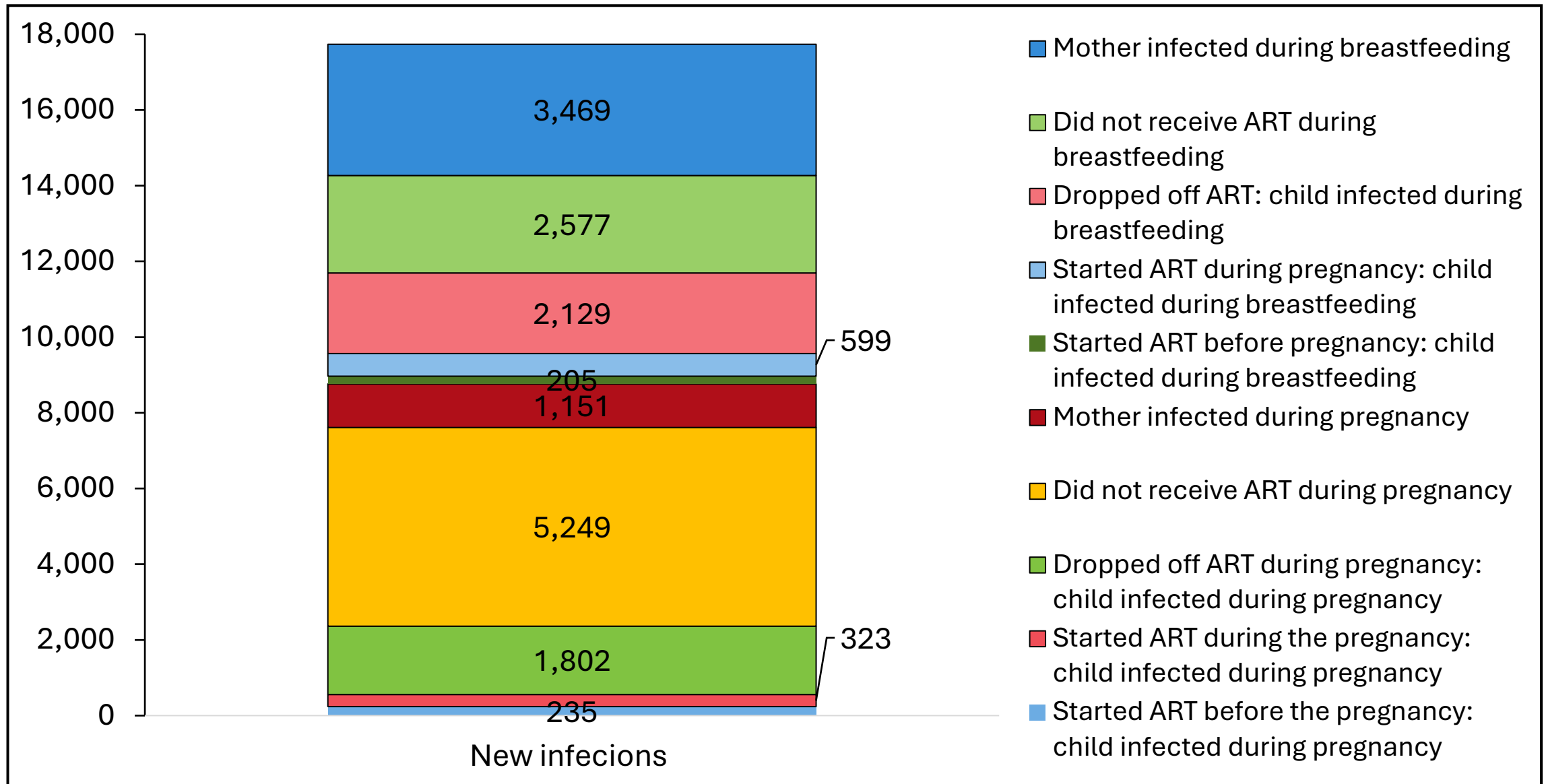


HIV epidemic in Mozambique



Mozambique Program Data		
Indicator	2024	
Pregnant women at ANC	2,111,483	
Pregnant women who know their HIV status	2,107,315 (99.8%)	
Pregnant women with HIV	109,658 (5%)	
Pregnant women on ART	109,637 (99.98%)	
Viral load suppression – pregnant women	89%	
Viral load suppression - breastfeeding women	93%	
EID Coverage (< 2 months)	101,369 (92%)	
Spectrum Data		
	Version 3.36	Version 6.42
PMTCT coverage	91.4%	81.7%
Pregnant women with HIV	121,000	134,000
Vertical transmission rate	8.5 %	12.3%

Source of Vertical Transmission (2024)



Components of VTP impacted by the funding freeze

Human Resources

Allocation of MCH nurses, counsellors and mentor mothers

HTS

BFW retesting at HF
Testing of PBFW contacts at community

Support for orphans and vulnerable children

Laboratory

Sample transportation (CD4, Viral Load, PCR)

Pharmacy

Transportation of PrEP medication (TDF/FTC)

Trainings, Meetings, Supervisions



Pre-exposure Prophylaxis (PrEP)

PrEP: Target group and eligibility criteria

Who can start PrEP

Is the person part of the target group for PrEP?



Does the person meet the criteria to initiate PrEP?



Offer PrEP

Target group

- Negative partner of a sero discordant couple
- Adolescents and young people aged 15-24 at risk
- Key populations (MSM, SW, IDUs, prisoners, transgender people)
- **Pregnant and breastfeeding women at risk**
- Vulnerable populations
- Clients of sex workers, sexual partners of IDUs, displaced persons
- People diagnosed with STIs, recent use of PPE due to sexual exposure or with more than one sexual partner
- Anyone who considers themselves at risk and requests PrEP

PrEP eligibility criteria

- Have a negative conventional HIV test result
- Have no suspicion of acute HIV infection based on screening for signs and symptoms
- Have no known allergy to any of the drugs used for PrEP
- Give informed consent to take PrEP

Pre-exposure Prophylaxis (PrEP) services for PBFW

- PrEP is offered to PBFW as a One-Stop-Shop model; pregnant women receive PrEP at ANC, while breastfeeding women receive PrEP at family planning or At-Risk Child Consultation.

Approach to PrEP among PBFW

Demand creation

- Health education talks
- Individual counselling
- IEC materials

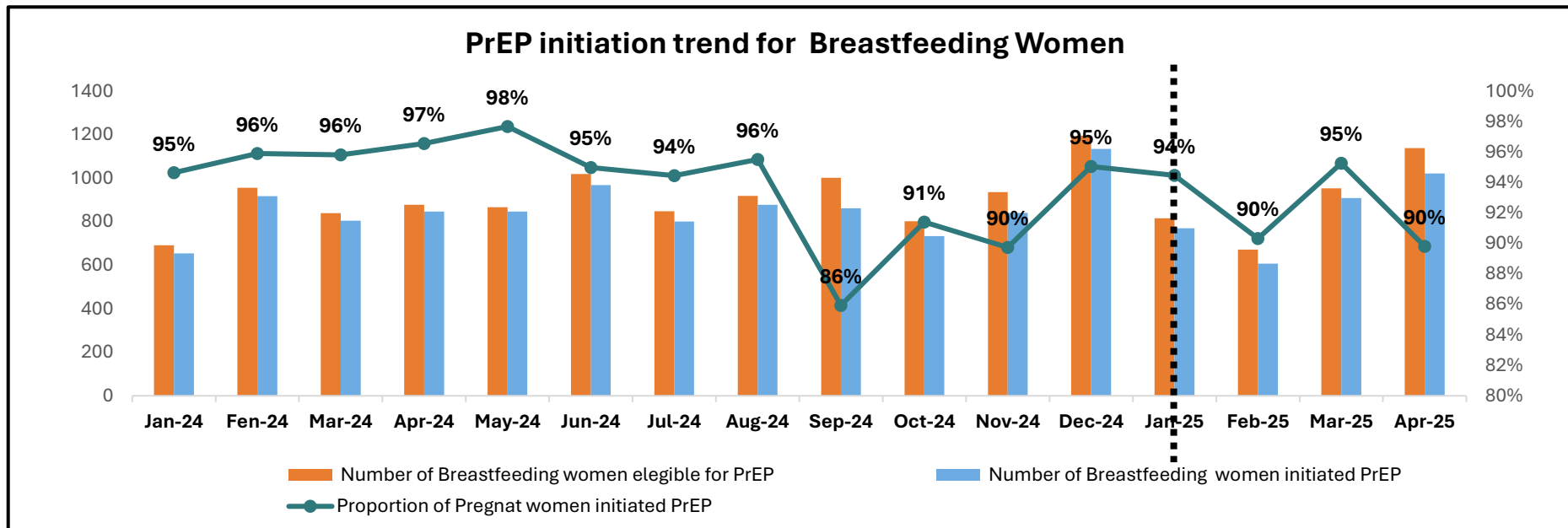
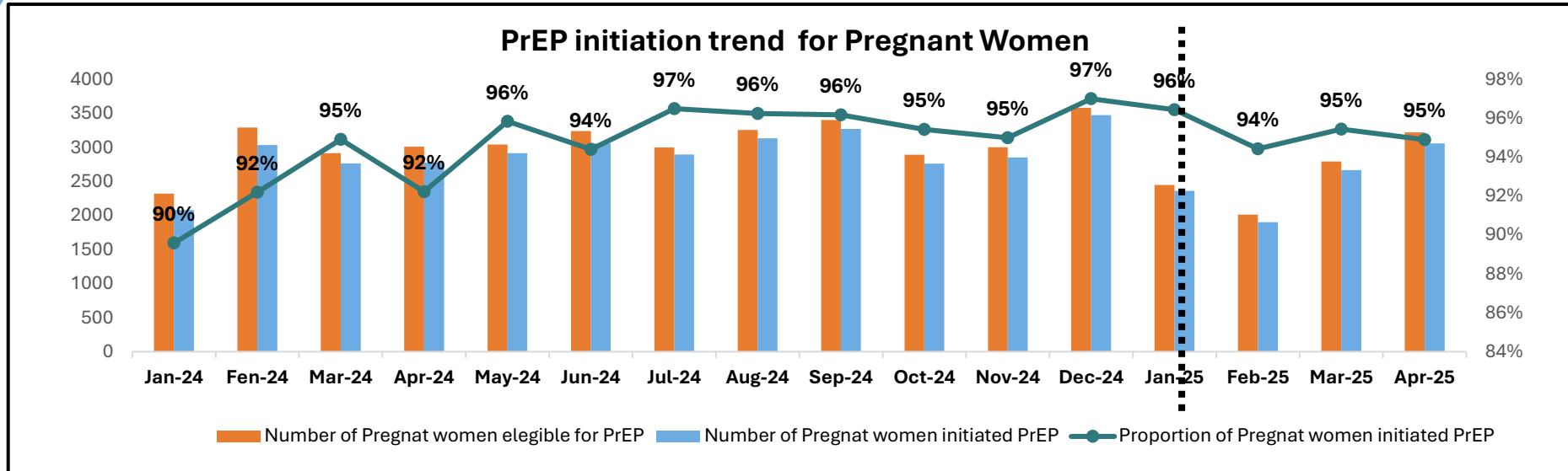
Identification of women eligible for PrEP provision

- Health providers identify PBFW **at risk** for HIV during the consultation
- PBFW request the initiation of PrEP.

PrEP offered as part of clinical consultation

- HIV testing before PrEP initiation and every 3 months
- PrEP (TDF+3TC) dispensed for 3 months (MMD)
- Documentation in PrEP logbook and subsequent preparation of reports

PrEP Uptake Among PW and BFW



There is observed decrease in PrEP uptake among PW and BFW with the 'Stop Work Order (SWO)' that improved with the implementation of 'Waiver'

732 (43%) of 1721 facilities

Challenges and solutions in the provision of PrEP services for PBFW

Challenges

Limited initiation and continuity of PrEP

- Low awareness of PrEP services and benefits among PBFW.
- Poor and inconsistent risk screening during consultations (ANC, PNC, FP).
- More attention in provision of C&T in relation to prevention to PBFW.
- Loss of opportunity to continue PrEP for women in ANC follow-up consultations.
- Limited coverage of PrEP service provision (43%)
- Cultural diversity and beliefs, stigma and discrimination.

PrEP availability and transportation

- The distribution of PrEP medications was funded by PEPFAR, but the support has been discontinued.

Solutions



Community work

- Community work to raise awareness, improve acceptance and combat stigma and discrimination.



Capacity building

- Training for healthcare providers.
- Technical support and supervision visits.



Alternative means for PrEP transport

- From **national-to-provincial level**, transport is now supported by UNICEF through **Global Fund**.
- From **provincial to HFs**, alternative means began to be used irregularly.



Bio-sample transportation

Adaptations on sample transportation

Before SWO

- Sample transportation was under a project funded by USAID.

During SWO

- The project ceased to function, and alternative means began to be used irregularly.

After SWO

- The USAID-funded sample transport project is still suspended.
- Each province, in coordination with implementing partners that have already resumed activities (reorganized to have a province-led sample collection plan.

Adaptations at provincial level

Use of alternative means for sample transport

- Ambulances and motorcyclists move samples from peripheral facilities to district head office
- From district head office to referral laboratory, provincial health directorates and implementation partners support with vehicles

Challenges:

- Transportation of samples from the most remote HFs to district head office does not have a fixed schedule, occurring whenever there is a vehicle leaving.

Laboratory response time (LRT) for EID by province

Province	OCT- DEC 25	JAN- MAR 25	Change in LRT
Cabo Delgado	20	21	5%
Gaza	15	19	21%
Inhambane	17	23	26%
Manica	12	13	8%
Maputo Cidade	15	13	-15%
Maputo Provincia	16	13	-23%
Nampula	17	16	-6%
Niassa	12	17	29%
Sofala	21	18	-17%
Tete	14	27	48%
Zambezia	12	17	29%

Conclusion

- Maternal HIV infections during pregnancy and breastfeeding is among the leading cause of vertical transmission.
- It is important to increase efforts to reach PBFW with preventive services especially PrEP.
- Although scaling up PrEP services in the context of funding shortage is a challenge, maintaining and strengthening PrEP services for PBFW in health facilities that implement the intervention remains a priority.

Thank You!



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HIVE Strategic Planning Meeting | June 13, 2025 – Johannesburg, South Africa