

Preventing Incident HIV Infection Among Pregnant and Breastfeeding Women Integrating Pre-Exposure Prophylaxis Within Antenatal and Postnatal Services

Thursday, 31st July 2025



HIV
Impact Network for
Vertical Transmission
Elimination





Welcome & Introductions

Maureen Syowai

Interim Project Director (CQUIN/HIVE),
ICAP at Columbia University

Agenda

- **Welcome and Introductions** – Maureen Syowai, ICAP at Columbia University
- **Framing Presentation** – WHO PrEP Recommendations for Pregnant and Breastfeeding Women – Michelle Rodolph, WHO
- **Country Presentations:**
 - Integrating PrEP Into Antenatal and Postnatal Services to Prevent HIV Among Pregnant & Breastfeeding Women – Hasina Subedar, South Africa
 - Preventing Incident HIV Infections Among Pregnant and Breastfeeding Women in Zambia: Tackling Barriers to PrEP Uptake and Continuity – Chimika Phiri, Zambia
- **Panel Discussion/Q&A**
- **Closing and Next Steps** – Franklin Emerenini, ICAP at Columbia University

Presenters



Michelle Rodolph

Act. Unit Head
HIV Testing, Prevention, and Populations,
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WHO, Geneva



Hasina Subedar

Senior Technical Advisor,
NDOH, South Africa



Chimika Wilson Phiri

HIV Prevention Lead,
Ministry of Health, Zambia



Framing Remarks

Michelle Rodolph

World Health Organization,
Geneva

Preventing Incident HIV Infections:

WHO recommendations on PrEP for pregnant and breastfeeding women

Michelle Rodolph
WHO Geneva
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World Health
Organization

WHO recommendations on HIV PrEP

WHO has recommended four products for use as PrEP :

1. **Oral PrEP containing tenofovir disoproxil fumarate (TDF)** (2015)
2. **Dapivirine vaginal ring (DVR)** (2021)
3. **Long-acting injectable cabotegravir (CAB-LA)** (2022)
4. **Long acting injectable lenacapavir (LEN)** (2025)

As part of comprehensive HIV prevention approaches, based on evidence for effectiveness, safety, community values and preferences, likely cost effectiveness etc.



Oral PrEP containing TDF

– OK in pregnancy

- No safety risk for initiating or continuing PrEP during pregnancy and breastfeeding
- Risk of HIV acquisition and accompanying increased risk of mother-to-child HIV transmission **far outweigh the potential risk** of fetal and infant exposure to TDF used for PrEP.
- Decision on whether to continue PrEP during pregnancy and BF should be made **by the pregnant woman** in consultation with her health provider, balancing risks on HIV acquisition against potential harms
- Additional surveillance is important



Dapivirine vaginal ring

– used to be *additional data needed*

The dapivirine vaginal ring may be offered as an additional prevention choice for women at substantial risk of HIV infection as part of combination prevention approaches.

(conditional recommendation; moderate-certainty of evidence)

In RCTs and OLEs, **no difference** in the treatment and placebo arms **of AEs** related to pregnancy, fetal outcomes and/or infant outcomes.

Number of pregnancies was small **and participants stopped ring use once pregnancy was known**. Ongoing trials are further assessing safety data during pregnancy and breastfeeding

- **DELIVER**
- **B-Protected**



Long-acting injectable cabotegravir (CAB-LA) - used to be *probably ok*

Long-acting injectable cabotegravir may be offered as an additional prevention choice for people at substantial risk of HIV infection, as part of combination prevention approaches (*conditional recommendation; moderate certainty of evidence*).



Outstanding critical issues

- Drug resistance
- HIV testing
- Limited representation of key populations
- Safety during pregnancy and breastfeeding

Guidelines on lenacapavir for HIV prevention – OK in pregnancy

New recommendations



Recommendation [NEW]

Long-acting injectable lenacapavir should be offered as an additional prevention choice for people at risk of HIV, as part of combination prevention approaches.
(strong recommendation, moderate to high certainty of evidence)

- **LEN showed no increase in adverse pregnancy or birth outcomes** among the 184 pregnancies reported in PURPOSE 1 so far.
- **No dose adjustment is likely to be required during pregnancy**, with pharmacokinetic data indicating standard dosing remains effective.



WHO 2025 PrEP guidelines provide updates on using LA PrEP during pregnancy and breastfeeding

New!

- Review pk and safety data available on LEN PreP from PURPOSE 1 showed
 - no dose adjustment during pregnancy
 - no increase in adverse pregnancy or birth outcomes among 184 pregnancies
- Review of new safety data available on
 - CAB (HPTN 084 OLE)
 - DVR (MTN-043/DELIVER, MTN-043/B-PROTECTED)

The 2025 guidelines recommend that for any of the available PrEP products:

- PrEP should **NOT be discontinued** during pregnancy and breastfeeding for women with a risk of exposure to HIV
- The **choice** to start, continue, or discontinue PrEP when becoming pregnant should be made by the individual, following discussion of the risks and benefits with a health-care provider

Beyond LEN:

Current safety data oral PrEP, DVR and CAB-LA in pregnancy

Women can continue to use oral PrEP, the DVR and CAB-LA during pregnancy and breastfeeding.

Based on the available safety data, WHO concludes that PrEP with **any of the available** products should **not be discontinued** during pregnancy and breastfeeding for HIV-negative women with a high likelihood of exposure to HIV.

The choice to **start, continue or discontinue** PrEP when someone becomes pregnant should be **made by the woman**, in discussion of the risks and benefits with a **health care provider**.

More data needed for PrEP in pregnancy

However, the 2025 PrEP guidelines emphasise

- More data are needed on uncommon and rare adverse events, e.g., birth defects, neonatal mortality, and stillbirth
- Surveillance programmes within PrEP programmes need to be implemented



Simplified testing for long-acting PrEP

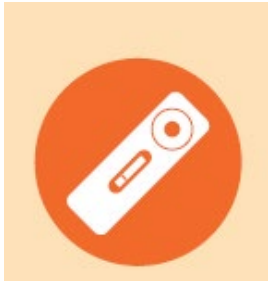
Background, evidence, recommendations and implementation

July 2025



World Health
Organization

New WHO recommendation



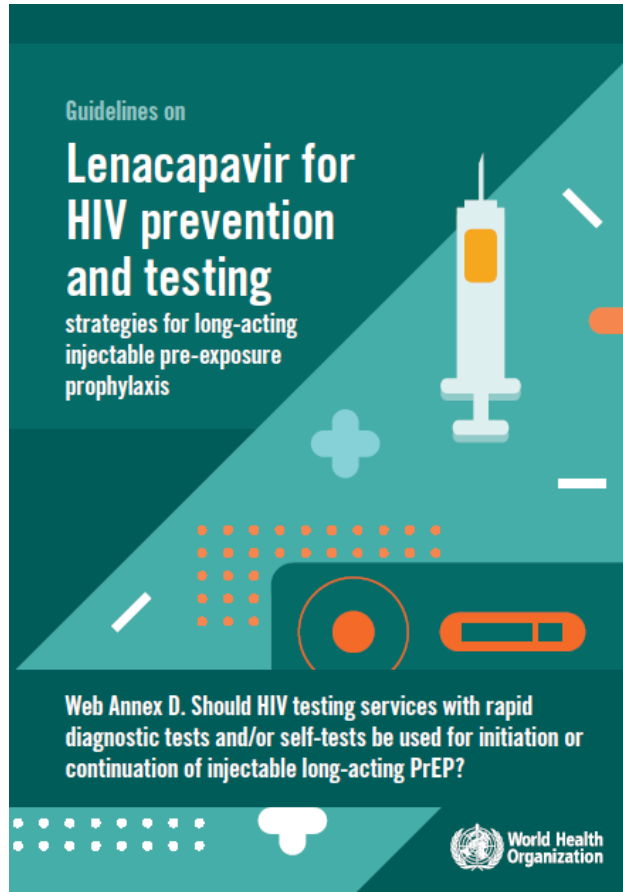
Rapid diagnostic tests may be used for HIV testing for initiation, continuation and discontinuation of long-acting PrEP

(strong recommendation, very low certainty of evidence)



- HIVST may be an important implementation consideration in some contexts, increasing programme flexibility and testing frequency
- Implementation research remains important in this area
- WHO will review emerging evidence as soon as it is available and update guidance

Evidence* on HIV RDTs for injectable LA-PrEP



HIV RDT supported injectable LA-PrEP compared to NAT and/or laboratory-based testing algorithms resulted in:

- Faster turnaround time and more rapid ART initiation
- Fewer delayed or missed injection visits
- Similar negative predictive value and positive predictive value
- No difference in absolute number of missed or delayed HIV infections detected or the detection of breakthrough infections
- No difference in the prevention of INSTI resistance associated mutations
- No difference in frequency of testing
- No difference in clinical or social harm
- High acceptability and feasibility
- **Substantial cost-savings** ----->

To detect 1 additional HIV case, missed by a rapid test, using NAT requires testing 5,305 people with estimated cost of \$46,684 - \$451,456 per test*

Source: WHO 2025, [Tieosapjaroen et al 2025](#); [see annex for more details](#)

*Systematic review included 22 studies (CAB-LA: 20 studies, LEN: 2 studies) involving 15 594 participants and spanning Africa, Asia, Europe and the Americas. Evidence included non-randomized comparator studies (n=7) and observational studies without a comparator group (n=15). There was limited information on continued HIV testing among those who discontinued injectable LA-PrEP.

Implementing lenacapavir in countries

Global Fund, PEPFAR Announce Coordinated Effort to Reach 2 Million People with Lenacapavir for PrEP to Significantly Reduce Global HIV Infections

17 December 2024

GENEVA | WASHINGTON D.C. – The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) have joined forces with the Children's Investment Fund Foundation (BMGF) to announce today a coordinated effort to ensure equitable access to twice-yearly injectable lenacapavir for PrEP, contingent upon regulatory approval from the U.S. Food and Drug Administration (FDA), U.S. pharmaceutical regulators, and a recommendation from the



Global Fund Secures First Eighth Replenishment Pledge – A Historic Private Sector Commitment from Children's Investment Fund Foundation

02 April 2025

LONDON – The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) today announced the first pledge to its Eighth Replenishment Campaign – and it comes from the private sector. The Children's Investment Fund Foundation (CIFF) has made a groundbreaking US\$150 million commitment, a five-fold increase from its previous contribution. This historic pledge not only underscores CIFF's unwavering commitment to global health, but also sets a powerful precedent for private sector leadership in the fight against HIV/AIDS, tuberculosis (TB) and malaria.



NEWS RELEASES

Unitaid invests US\$22m to accelerate access to lenacapavir, a groundbreaking new HIV prevention drug

Ahead of World AIDS Day, Unitaid is announcing a US\$22 million investment to accelerate the introduction and access to lenacapavir, a revolutionary long-acting HIV prevention option.

28 November 2024

NEWS RELEASES

Unitaid launches new funding opportunity to support cost-effective and impactful rollout of lenacapavir in sub-Saharan Africa

04 July 2025

2025 update to the antiretrovirals in pregnancy research toolkit!

New materials and guidance are available!

Open Access Living Toolkit!



Thank you!

ACKNOWLEDGMENTS

- WHO F. Renaud, M. Doherty, M. Vitoria
- HHS PTWG chairs & Secretariat E. Abrams, S. Delany-Moretlwe, S. Lockman, C. Waitt, L. Mofenson, C. Townsend, J. Zech
- HHS PTWG experts on HIV, Hepatitis, and STIs

Special thanks to all the women around the world who inspire our work

For more information, please contact:

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Michelle Rodolph rodolphm@who.int (PrEP)





Country Presentation

Hasina Subedar

Senior Technical Advisor,
NDOH, South Africa

Integrating PrEP Into Antenatal and Postnatal Services to Prevent HIV Among Pregnant & Breastfeeding Women

Orapeleng Motlhaoleng Leeuw and Hasina Subedar

National Department of Health - South Africa



health

Department:
Health
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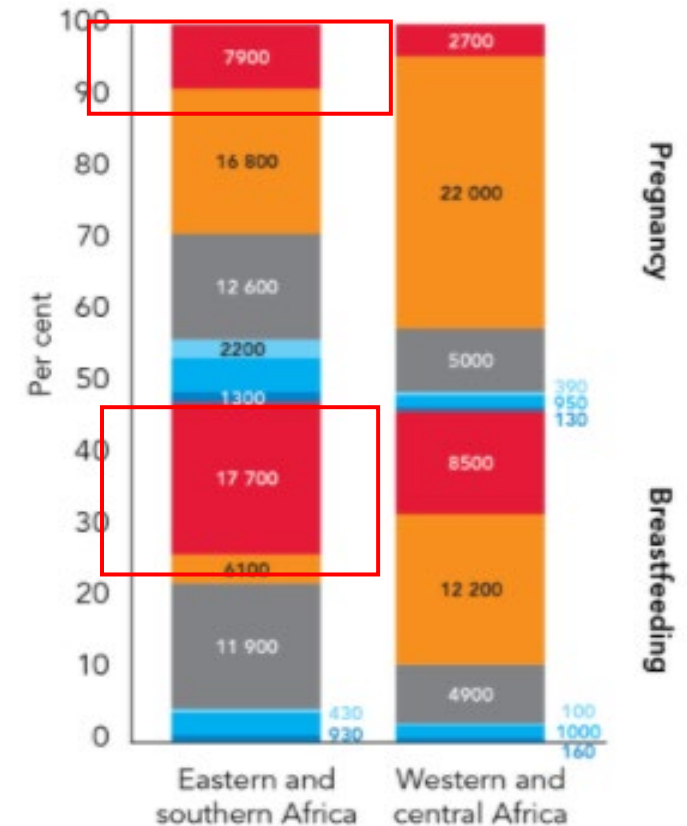
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Background

- Historically there was observed high rate of new HIV infections among pregnant and breastfeeding women
- 1/3 of HIV infections in infants were attributed to new maternal HIV infections during pregnancy and breastfeeding period
- Antenatal HIV testing and retesting data from 2019 to 2022 revealed high testing rates, highlighting opportunities to identify women at ongoing risk of HIV infection
- There are 76,000 new infant HIV infections projected in the next 10 years
- This formed the basis for expanding PrEP availability and standardizing risk-benefit counseling

Risk factors for HIV vertical transmission



Sources: Graybill et al, AIDS, 2020; Joseph Davey et al, AIDS, 2019; Stranix-Chibanda et al, CID, 2020

Acknowledgement: Clinical Training Slides PrEP-PP 2021

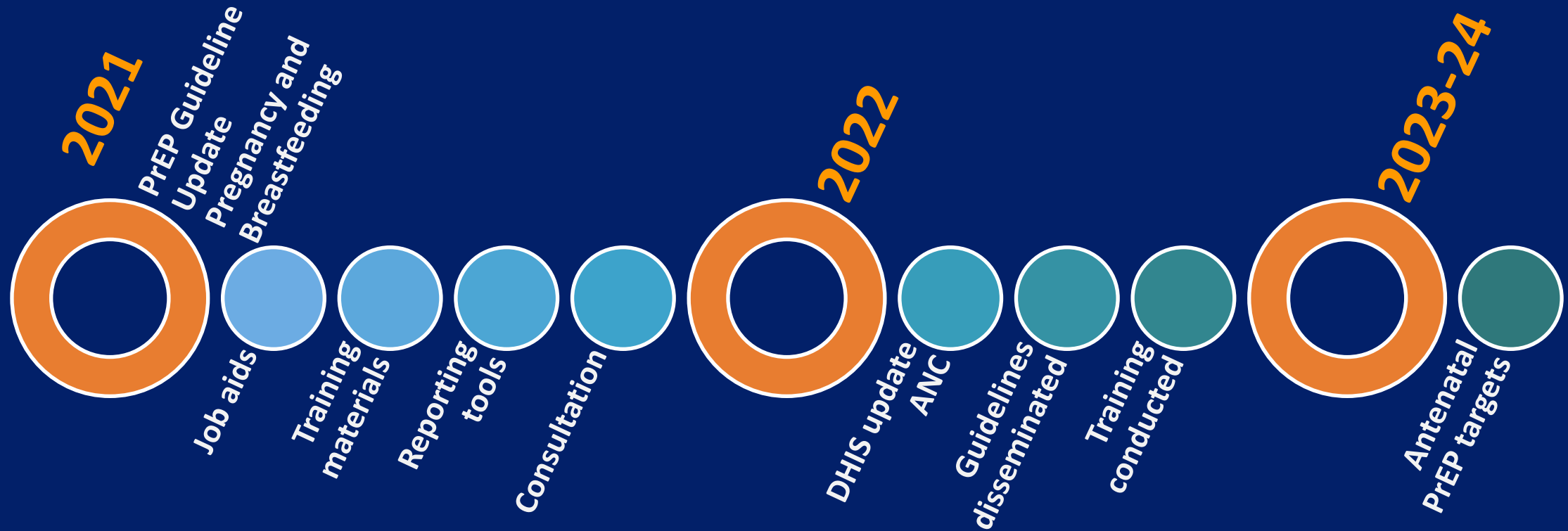
In red: mother infected in pregnancy or breast feeding & infant infected (~1/3 of cases)

Opportunity for Expanding PrEP for Pregnant Women: Antenatal HIV Testing and Re-Testing Data 2019- 2022

	Antenatal HIV 1st test	Antenatal client HIV 1st test negative	Antenatal HIV 1st test positive	Antenatal client HIV re- test	Antenatal HIV re-test positive	Antenatal HIV re-test negative
2018	845 125	753 478	91 647	1 186 321	7 187	1 179 134
2019	875 840	794 683	81 157	1 415 890	6 758	1 409 132
2020	889 705	818 098	71 607	1 803 074	6 374	1 796 700
2021	856 232	796 452	59 780	1 983 587	5 820	1 977 767
2022	811 935	762 907	49 028	2 024 093	5 692	2 018 401

- Antenatal HIV testing and retesting data from 2019 to 2022 revealed high testing rates, highlighting opportunities to identify women at ongoing risk of HIV acquisition.
- **This formed the basis for expanding PrEP availability and standardizing risk-benefit counseling.**

Pathway to PrEP Rollout in South Africa



Resources Developed to Support the Introduction of Oral PrEP in Antenatal and Postnatal Services



Implementation guideline, job aids, clinical stationery



Implementation planning tool



Facility based oral PrEP Targets (incl. demand generation, HIV testing)



Monitoring and evaluation DHIS & TIER.Net



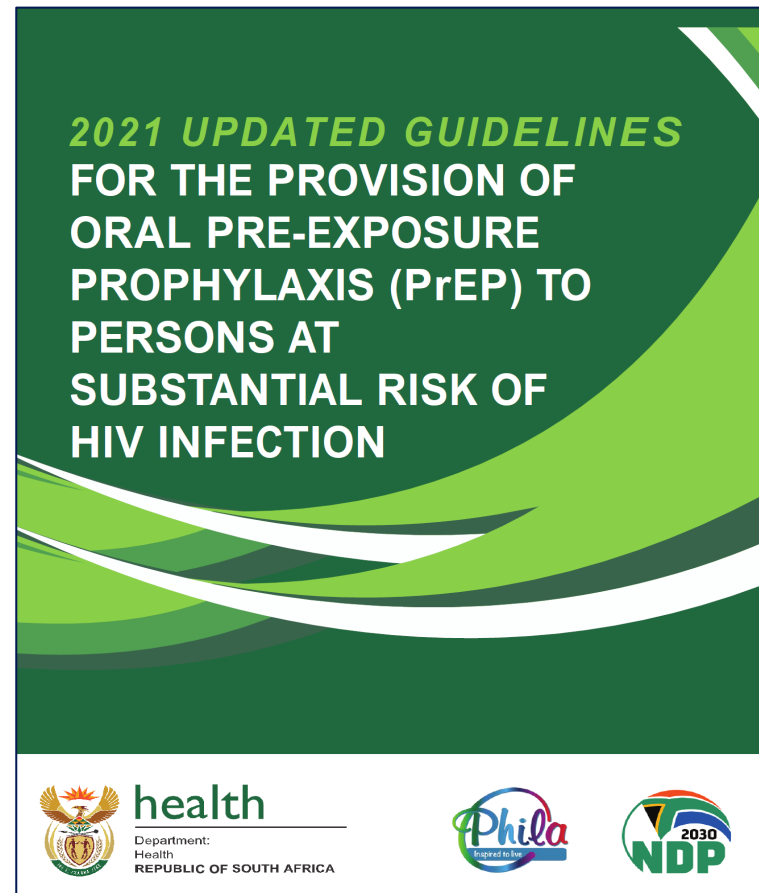
Social mobilisation and demand creation resources



Training videos (online & offline)

Implementation Guidelines and Resources

South Africa PrEP Guideline



Online Training Video Oral PrEP for Pregnant and Breastfeeding Women



Expanding PrEP Availability for Pregnant and Breastfeeding Women

Approaches in different contexts:

Existing PrEP users that became pregnant

- Retention
- Linked to ANC package
- Risk reduction counselling
- Partner testing

Pregnant HIV negative women at high risk

- HTS
- Risk reduction counselling
- Information – PrEP
- Baseline testing
- Initiation
- Adherence support
- Partner testing

Retaining women on PrEP post delivery period

- Adherence support
- Partner testing

PrEP Fact Sheet Used to Create Awareness and Demand for PrEP

PrEP

know the facts

PREGNANT & BREASTFEEDING WOMEN

PrEP is a safe HIV prevention method that HIV-negative people can use to prevent HIV:

- ♥ The pills need to be taken daily to help prevent HIV.
- ♥ Oral PrEP has been shown to reduce the chances of HIV infection by more than 90%.
- ♥ You have to take the pills every day, for as long as you need it.
- ♥ PrEP is only for people who are HIV-negative.

PrEP during pregnancy:


- ♥ If you are pregnant and have sex without a condom, your chances of getting HIV is much higher.
- ♥ If you test positive for HIV, you will receive ARV treatment - this prevents your baby from getting HIV.
- ♥ Using PrEP before, during and after pregnancy can prevent HIV.

What is the difference between PrEP, PEP, and ART?

PrEP	PEP	ART
All three use antiretrovirals in different combinations for different purposes:	PrEP is when ARVs are taken before exposure to HIV, to prevent getting HIV.	PEP is when ARVs are taken after exposure to HIV, to prevent HIV (within 72 hours and taken for 28 days only).
		ART is when ARVs are used to treat a person living with HIV, and is taken lifelong.

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Ask PrEP anything on 065 869 8031



PrEP

Pre (before)


Exposure (coming into contact with HIV)

Prophylaxis (a medicine to prevent infection)

Where can I get PrEP...

PrEP is now available in all public primary health care clinics. Visit your nearest clinic if you are interested in using PrEP. For more information about PrEP, please visit www.myprep.co.za.

Find your nearest clinic with this code:



Starting PrEP...

First visit:

- Health check, including screening for HIV and STIs, supported by counselling.
- Get your oral PrEP supply for a month.
- As oral PrEP builds up in your body, use a condom or abstain from sex for the first 7 days of taking oral PrEP.
- After 7 days, you need to continue taking oral PrEP daily for as long as you need it.

Month 1 visit:

- Health check, including screening for HIV and STIs, supported by counselling.
- Get your 3-month supply of oral PrEP pills.

Every 3 months:

- Health check, including screening for HIV and STIs, supported by counselling.
- Every 3 months, you return for an HIV test and a 3-month supply of oral PrEP.

Oral PrEP works best when taken daily and used with a condom.

Decide if PrEP is for you:

- ♥ PrEP is safe for you and your unborn baby and child, while you are pregnant and/or breastfeeding.
- ♥ PrEP can protect you from HIV.
- ♥ PrEP is easy to take, just one pill a day.
- ♥ You can take PrEP without anybody else knowing.
- ♥ You can take PrEP if you and your partner who is living with HIV want to have a baby.
- ♥ You can continue taking PrEP even when you are breastfeeding.

You can take care of yourself and your baby, choose PrEP!

Use a condom

If you test negative for HIV, you can use PrEP!

Ask your partner to test for HIV

Start and continue with ARVs if you test positive for HIV

Encourage your partner living with HIV to take ARVs daily


Don't forget your antenatal care visits

PrEP is one of many options for HIV prevention. You can also try:

- ♥ Condoms
- ♥ Other PrEP options which may be available at your clinic, ask your provider
- ♥ Counselling
- ♥ PEP
- ♥ Treatment for STIs
- ♥ Male medical circumcision
- ♥ ART for partners living with HIV
- ♥ Regular HIV testing for you and your partner

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Counselling Job Aid for Health Care Providers

Counselling Job Aid for Healthcare Providers

PrEP for pregnant and breastfeeding women

STEP 1:
Offer HIV counselling and testing to determine HIV status.

STEP 2:
For women who test HIV negative, conduct a needs assessment to determine the likelihood of exposure to HIV, by asking the following:

- If they ever have sex without a condom
- If they ever have sex while using alcohol and/or drugs
- If they ever have sex against their will
- Sex without a condom with partner/s living with HIV

be sensitive and non-judgmental

If the response is YES to any, even only one of the above or if the woman requests PrEP, proceed with providing information about PrEP:

- PrEP is an ARV pill used to PREVENT HIV infection.
- PrEP is for HIV-negative people.
- PrEP is taken daily.
- PrEP is safe to take!
- PrEP does not protect you from getting other STIs.
- PrEP does not prevent you from getting pregnant if you are breastfeeding.
- PrEP does not prevent other STIs or pregnancy.
- PrEP can be stopped at any time that you do not need it.

always try to use a condom as well as PrEP

STEP 3:
Counselling on the benefits, and other considerations of PrEP in pregnancy

PrEP is one of several options which should be offered to prevent HIV in pregnant and/or breastfeeding woman who may be affected by HIV. Inform the woman about all the HIV prevention options that are available:

- Condoms
- STI screening and treatment
- Counselling to promote PrEP continuation and for a healthy lifestyle
- HIV counselling and testing for a partner/s and treatment for a partner living with HIV

emphasise the importance of follow up ANC visits

Version: OnaPrEP_PPrEP_CounsellingGuide_June2024

The choice to start, continue or discontinue PrEP when a woman becomes pregnant should be made by the woman...

...following a discussion of the benefits and considerations of PrEP in pregnancy and breast-feeding.

Key messages and information for PrEP in pregnant and breastfeeding women:

What is the likelihood of exposure to HIV during pregnancy for mother and baby?	How could PrEP drugs affect the child?	What are the benefits of taking PrEP during pregnancy and breast feeding?
<ul style="list-style-type: none"> biological and behavioural changes during pregnancy increase the likelihood of women contracting HIV. the likelihood of a pregnant woman contracting HIV is 2-3 times greater than in a non-pregnant woman. there is a greater chance of perinatal transmission among women who recently acquired HIV. this is due to high levels of the virus in the body during this time of acute (new) infection and not yet being on ARV treatment. 	<ul style="list-style-type: none"> very low concentrations of PrEP drugs are secreted in the breast milk and will not harm the baby. PrEP use in HIV negative pregnant women is known to be safe for the mother and child. there has been extensive use of TDF/FTC (PrEP drugs) over many years by pregnant women as part of HIV treatment, and there is no indication of any harmful effects for the foetus or baby. 	<ul style="list-style-type: none"> A pregnant or breast-feeding woman, who tests negative for HIV, and is taking PrEP, is preventing HIV for both herself her unborn or breastfed baby. PrEP is easy to take, it requires only one pill a day. PrEP can be taken without anybody else knowing. It can be kept private and discreet. PrEP can be used when a woman and her partner want to conceive safely. If she has tested negative for HIV and her partner is living with HIV.

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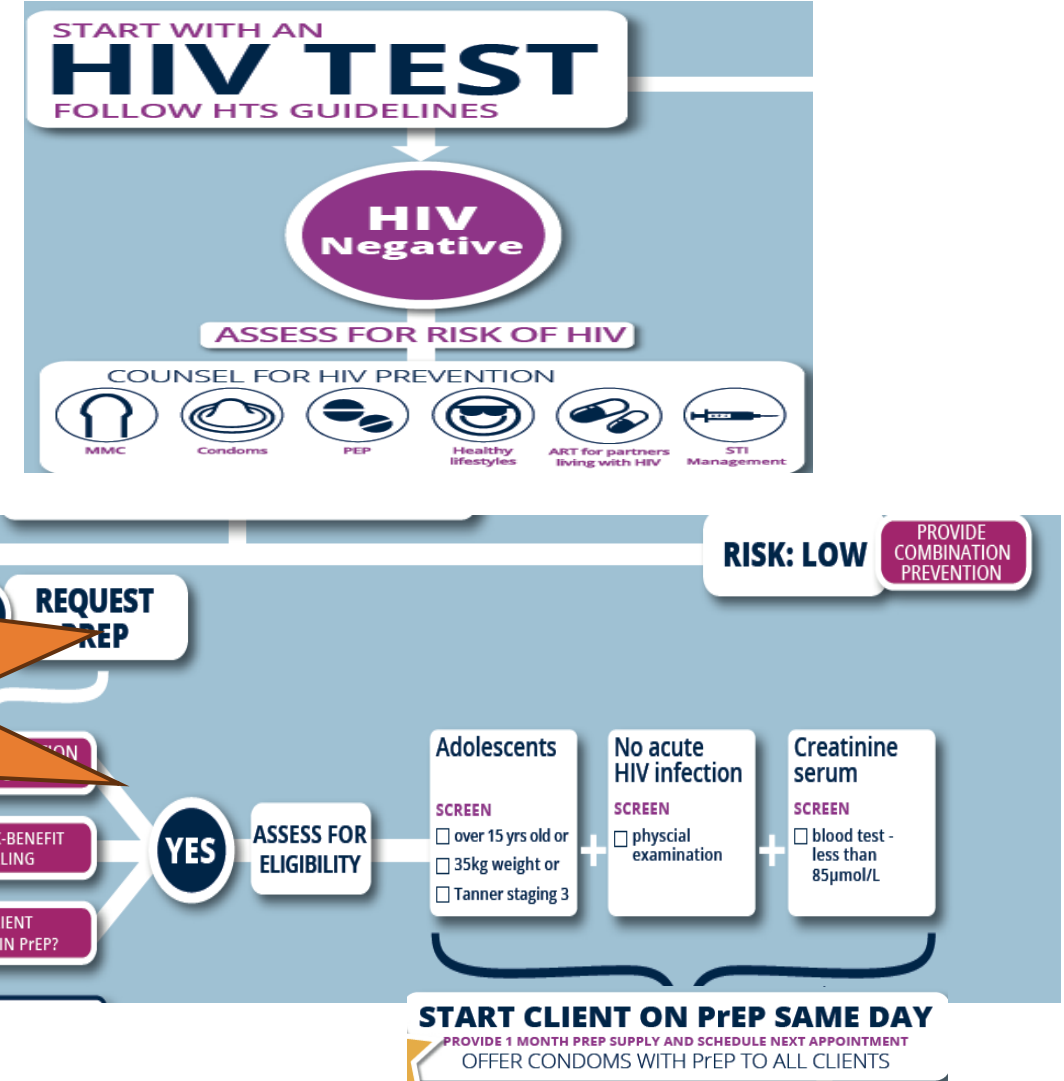
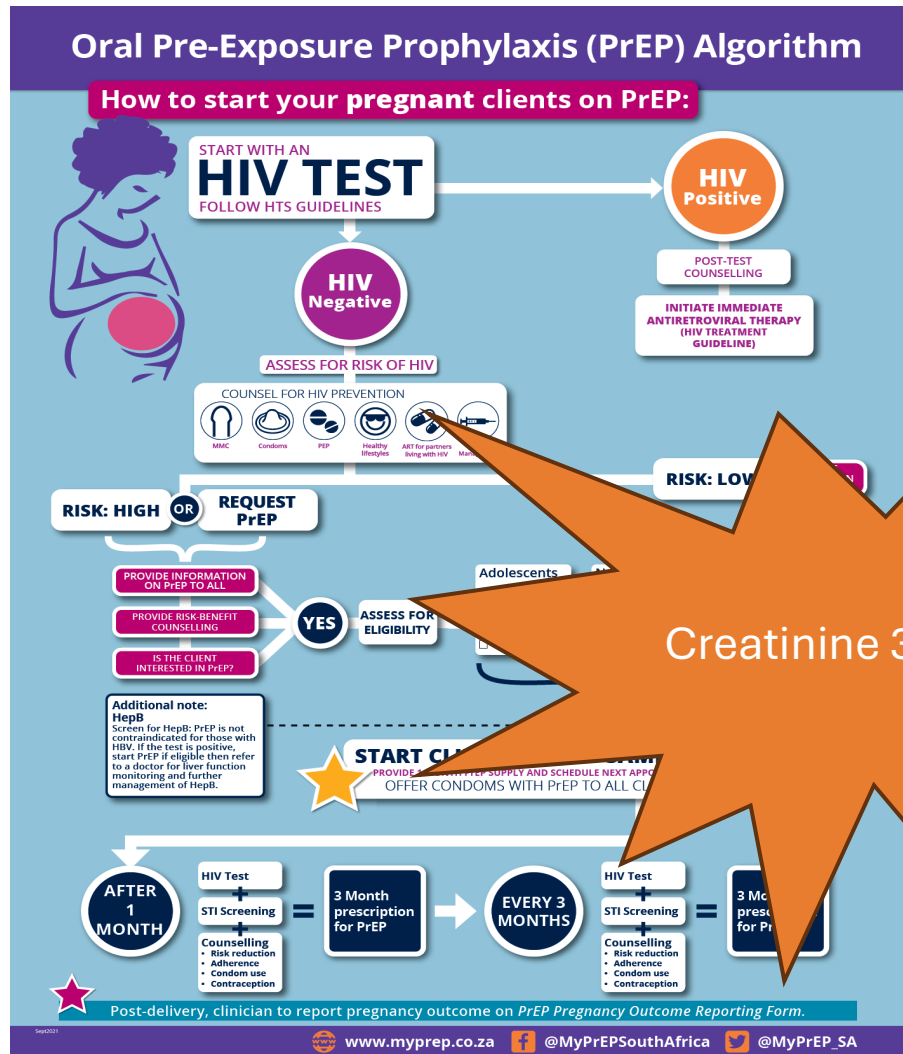
Counselling Steps for All Pregnant and Breastfeeding Individuals

- Identify pregnant and breastfeeding women who are HIV negative and at risk of acquiring HIV during the first antenatal visit and subsequent visits
- Inform all pregnant and breastfeeding women of the HIV prevention methods available to them and about each of these methods, including PrEP
- Support the woman to choose an HIV prevention method/s that best suits her
- Refer all women choosing PrEP as a preferred option to a healthcare professional for further assessment and initiation

PrEP Eligibility Criteria

- HIV negative by routine rapid antibody test
- Absence of symptoms of acute HIV infection
- Willing and able to take PrEP as prescribed
- No contraindication to TDF or FTC
- Adolescents > 35 kg in weight; if <15 years in age, adolescents should be Tanner stage 3 (sexual maturity rating) or greater

Implementation Guidance: Clinical Algorithm for PrEP Initiation



Creatinine 3 monthly



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Reporting of PrEP in Pregnancy: Opportunities for Safety Surveillance

Routine Reporting

- New data element collected on DHIS from 1 April 2023

ANC clients started on PrEP

Pregnancy Outcome Report

- Routine reporting of the outcome of the pregnancy of a woman initiated and managed on PrEP during pregnancy

Collation and analysis of pregnancy outcome reporting data are required

Seroconversion Report

- All clients on PrEP that seroconvert

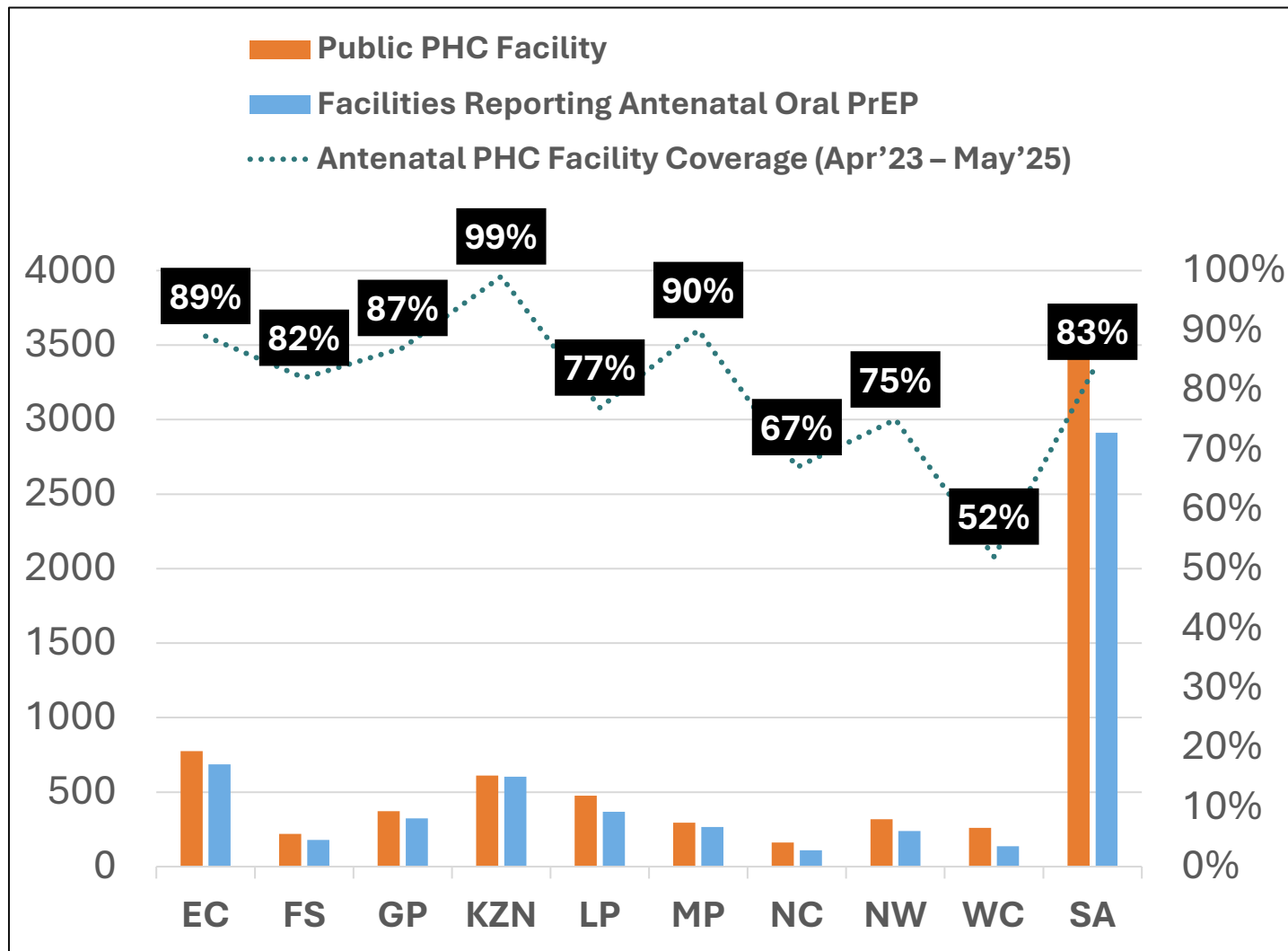
Collation and analysis of seroconversion data are required

Monitoring and Evaluation Tool: Pregnancy Outcome Reporting

health REPUBLIC OF SOUTH AFRICA		PrEP Pregnancy Outcome Reporting Form			
First name				Folder #	
Surname				Phone #	
DOB	dd / mm / yy	Gender:	M / F / TG	Address	
ID Number					
Instructions: Please use the below to capture the pregnancy outcomes of mothers exposed to PrEP drugs at any time during their pregnancy. The available fields must be completed as much as possible with the relevant information available at the time of reporting. Please complete and affix a copy of the PrEP clinical form and/or laboratory results that are necessary.					
PrEP drugs exposure before/during pregnancy					
PrEP start date	dd / mm / yy	Time of PrEP initiation	<input type="checkbox"/> Before pregnancy	Date of positive urine test	dd / mm / yy
PrEP stop date	dd / mm / yy		<input type="checkbox"/> During pregnancy	Date of delivery	dd / mm / yy
Drug name (s):			Dose: Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Specify:		
Pregnancy outcome					
1. Did the client experience any complications during pregnancy?	<input type="checkbox"/> Yes. Specify: <input type="checkbox"/> No				
2. Did the client give birth to (a) live infant(s)?	<input type="checkbox"/> Yes. Date of delivery: dd / mm / yy <input type="checkbox"/> No. Specify reason:				
3. Was the infant normal at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Specify abnormality and reason:				
4. Additional comment on pregnancy/delivery					
Infant (s) information					
Infant number	Infant sex	Infant length (cm)	Infant weight (g)	APGAR score	Comment
1	F <input type="checkbox"/> M <input type="checkbox"/>				
2	F <input type="checkbox"/> M <input type="checkbox"/>				
3	F <input type="checkbox"/> M <input type="checkbox"/>				
Relevant medical history (with focus on relevant prior gynaecological/obstetric history)					

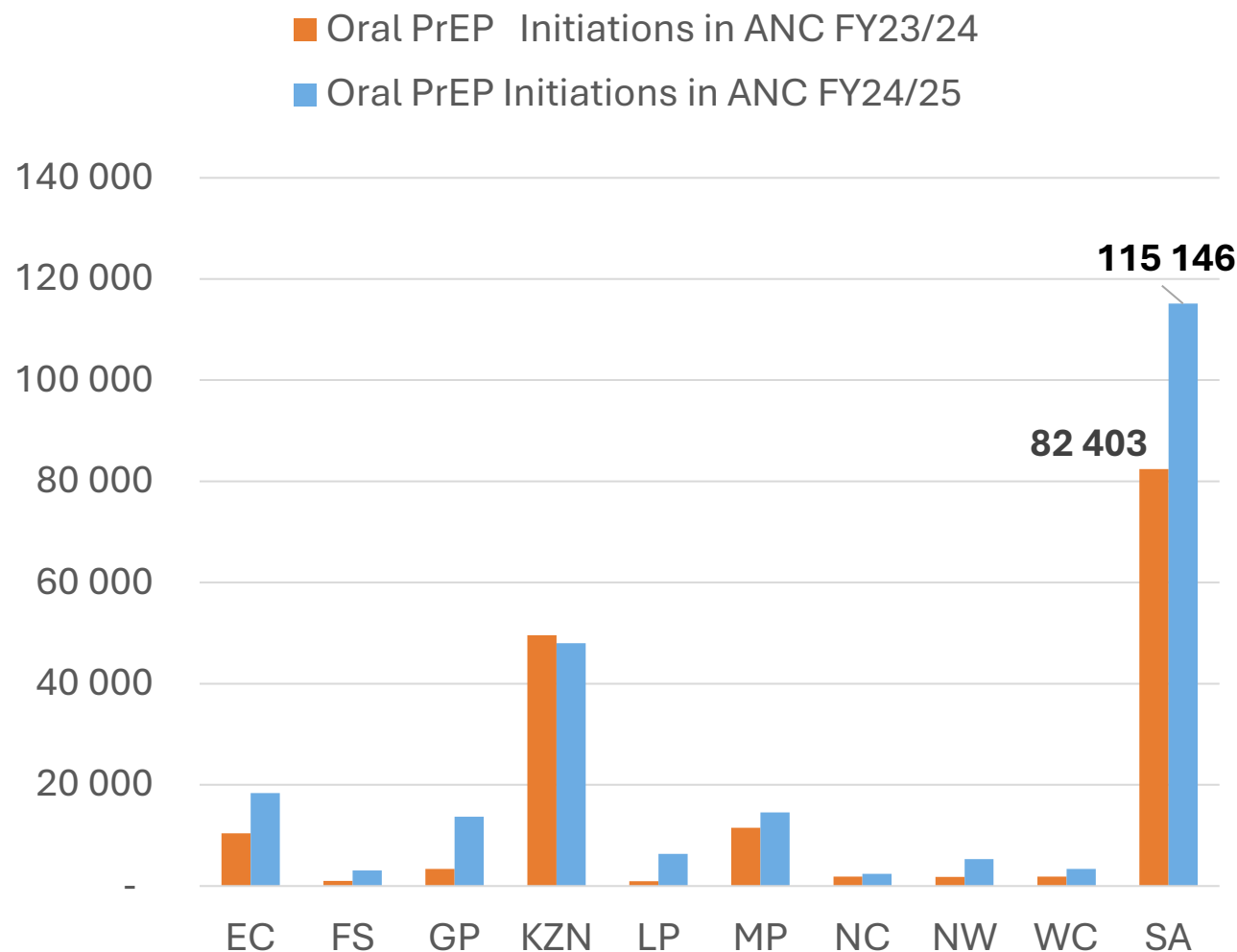
The tool is used to capture outcome for women who initiated and continued PrEP during pregnancy

Implementation Progress: Public Primary Health Care Facilities Reporting Oral PrEP in Antenatal Services



- 83% of all PHC facilities in South Africa reported offering oral PrEP within antenatal services during the reporting period.
- While national averages are strong, inter-provincial disparities suggest a need for targeted efforts to improve PrEP integration and reporting in underperforming provinces.

Implementation Progress: Uptake of Oral PrEP Initiation in Antenatal Services



- Nationally, oral PrEP initiations in ANC rose from 82,403 (FY23/24) to 115,146 (FY24/25 YTD).
- This is a ~40% increase, signaling successful scale-up and integration of PrEP into antenatal care
- While national figures are promising, wide variation persists between provinces, requiring targeted support in provinces with low uptake
- Sustain momentum in high-performing provinces.
- Scale tailored demand creation, provider mentorship, and consistent supply in underperforming provinces.
- Deepen the integration of PrEP into ANC workflow to ensure early and continued offer of PrEP services.

Challenges and Lessons Learned

Despite progress, challenges remain. Some of the key challenges include:

Inconsistent risk perception among pregnant women and healthcare providers.

Stigma associated with taking PrEP during pregnancy, often mistaken for HIV treatment.

Provider hesitancy due to limited experience or confidence in counseling on PrEP during pregnancy.

Limited post-initiation support, which affects continuity during the postpartum period.

Conclusions and Lessons Learned

South Africa's experience demonstrates that pregnant and breastfeeding women will take up PrEP when services are accessible, counselling is affirming, and follow-up is supportive.

To sustain and scale this progress, we recommend:

- Intentional inclusion of PrEP in maternal health service packages as part of routine care, supports scale up
- Healthcare worker training and mentorship is essential
- Expansion of community-based demand creation and support improves access to women in the postpartum period
- Safety surveillance and longitudinal monitoring helps to generate local evidence and build confidence

Resources

Provider tools

<https://myprep.co.za/providers/>

Training Videos

<https://myprep.co.za/the-clinical-management-of-oral-prep-for-pregnant-and-breastfeeding-women/>

Thank you.



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Country Presentation

Chimika Wilson Phiri

HIV Prevention Lead,
Ministry of Health, Zambia

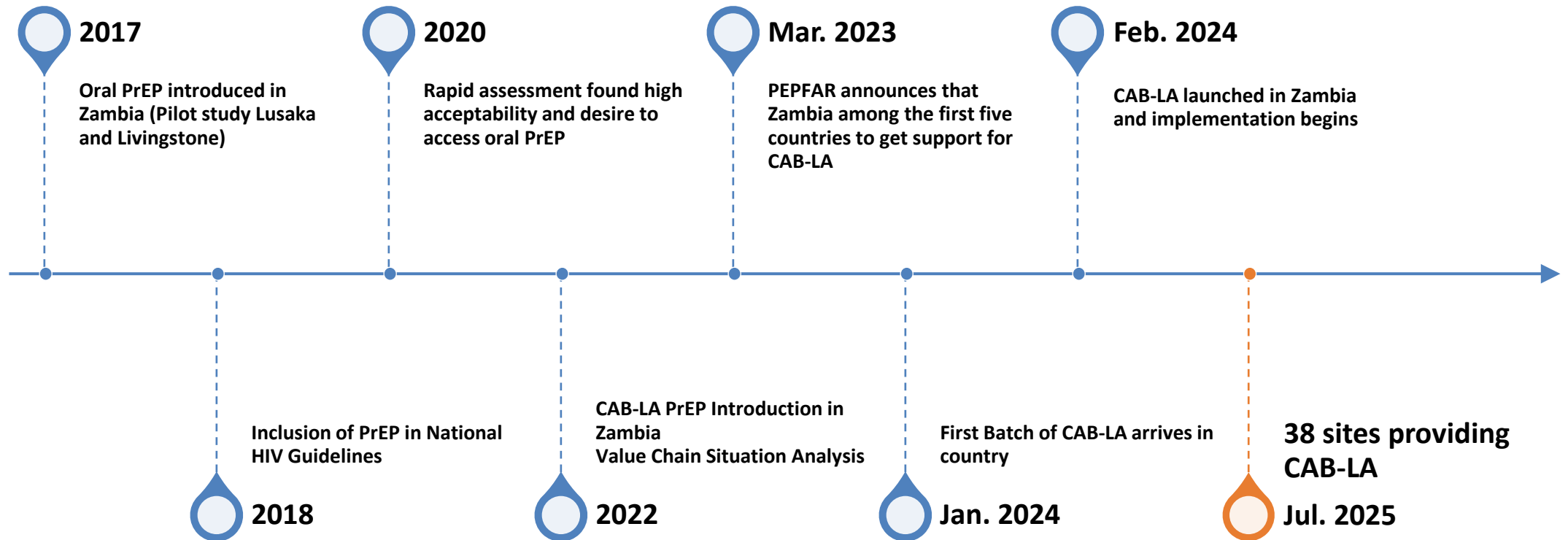
Preventing Incident HIV Infections Among Pregnant and Breastfeeding Women in Zambia: Tackling Barriers to PrEP Uptake and Continuity



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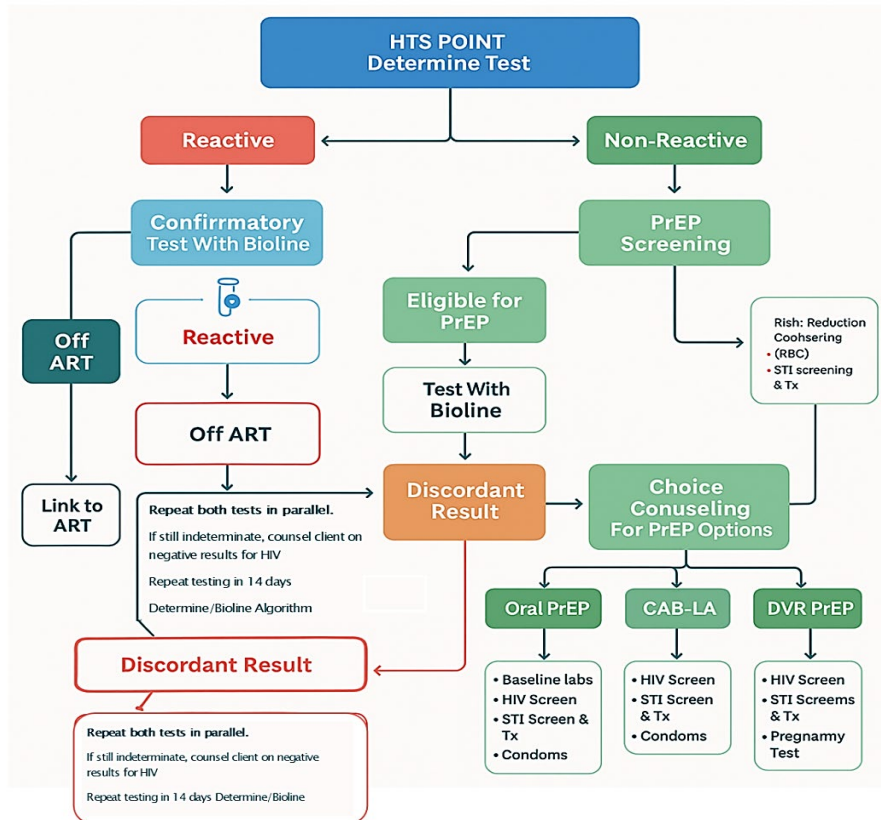


Timeline of PrEP Rollout in Zambia



PrEP Eligibility Criteria

HIV testing algorithm for PrEP

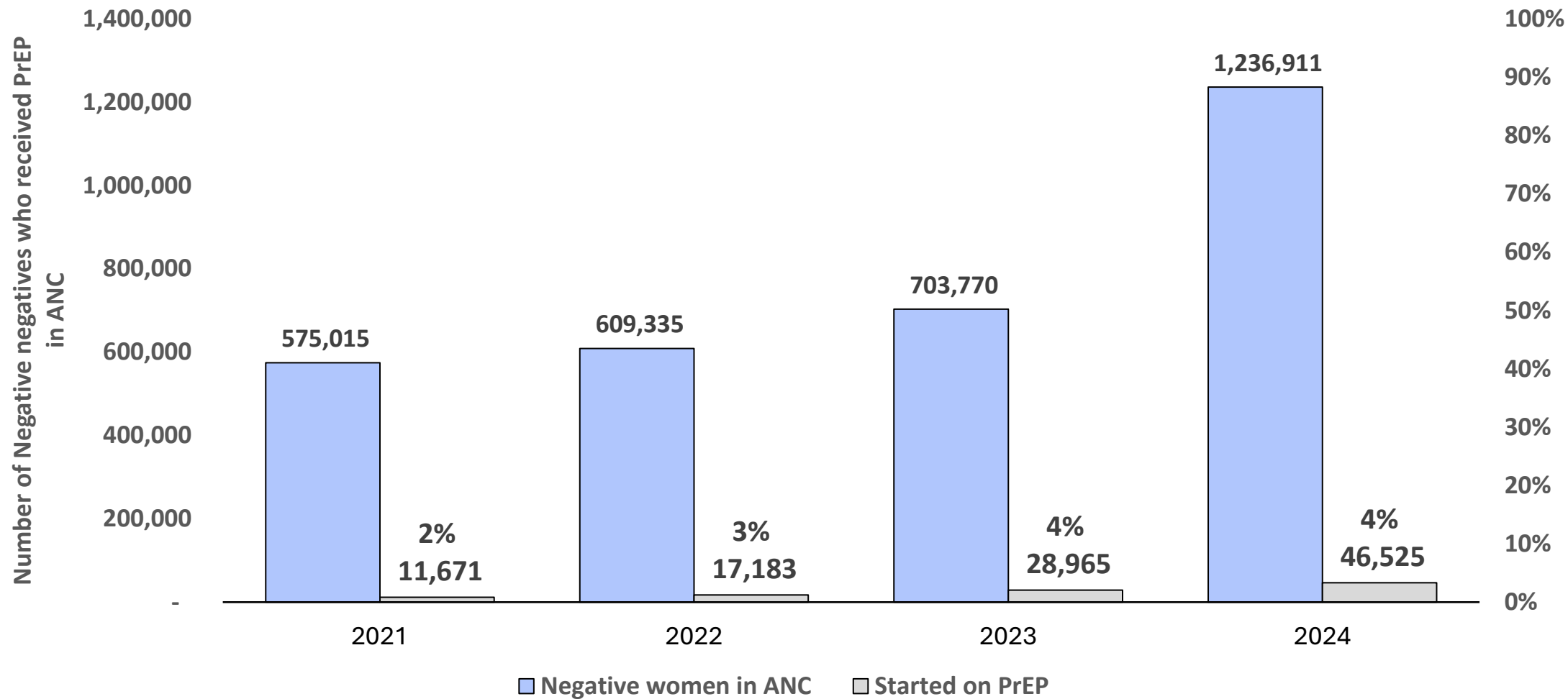


Clients must:

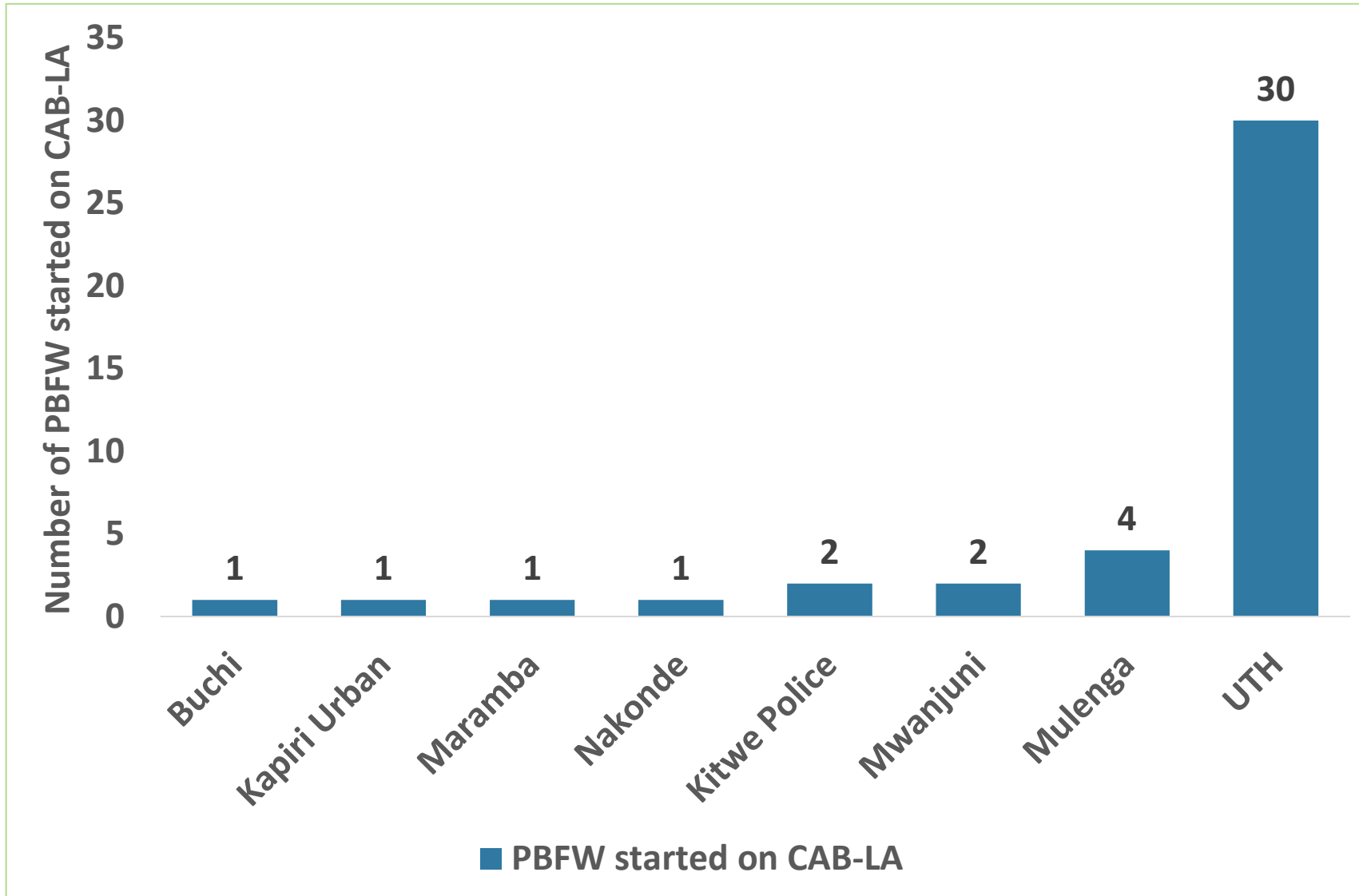
- Be HIV negative on 2 serological rapid tests
- Not be eligible for PEP
- At risk of HIV infection
- Have no signs and symptoms of AHI
- Make a well-informed decision and be willing to initiate PrEP
- Free from contraindications for use of their chosen PrEP method

Same PrEP eligibility criteria for pregnant and breastfeeding women

Trends in PrEP Uptake for PBFW: 2021-2024

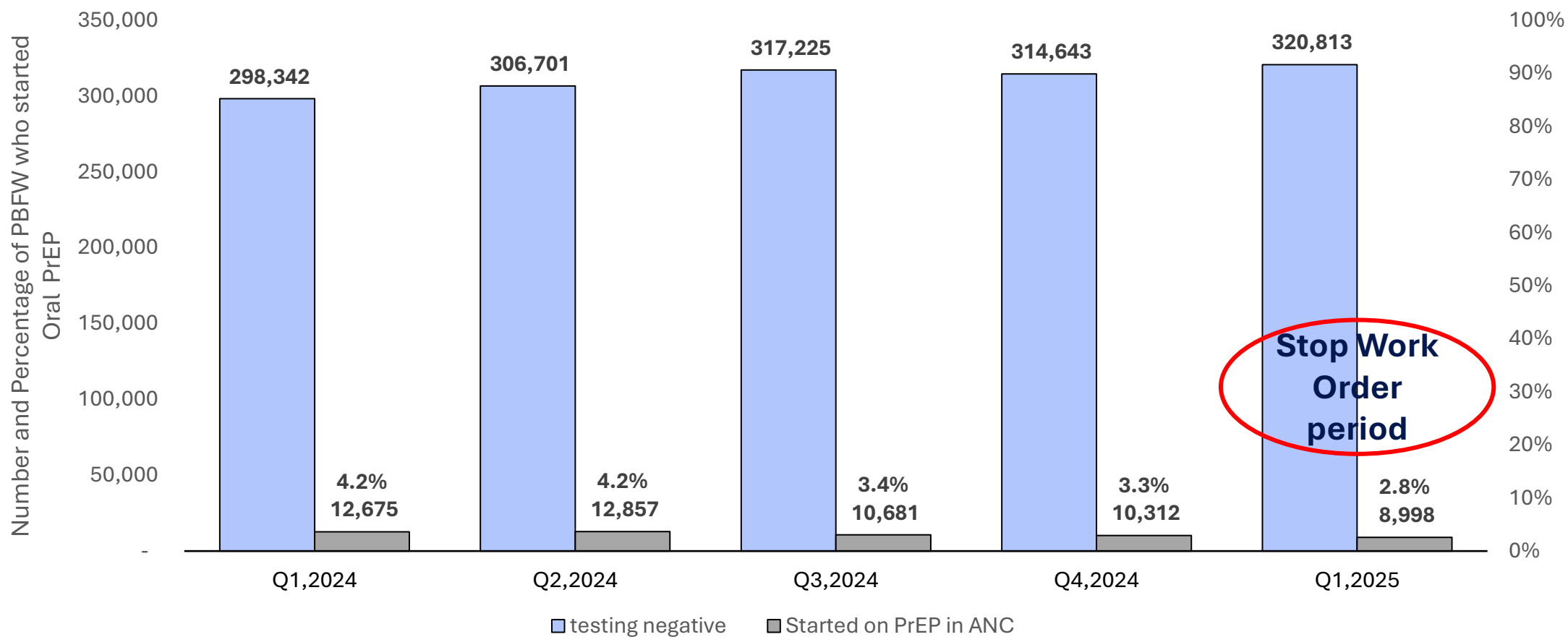


CAB-LA Use in PBFW Per Facility

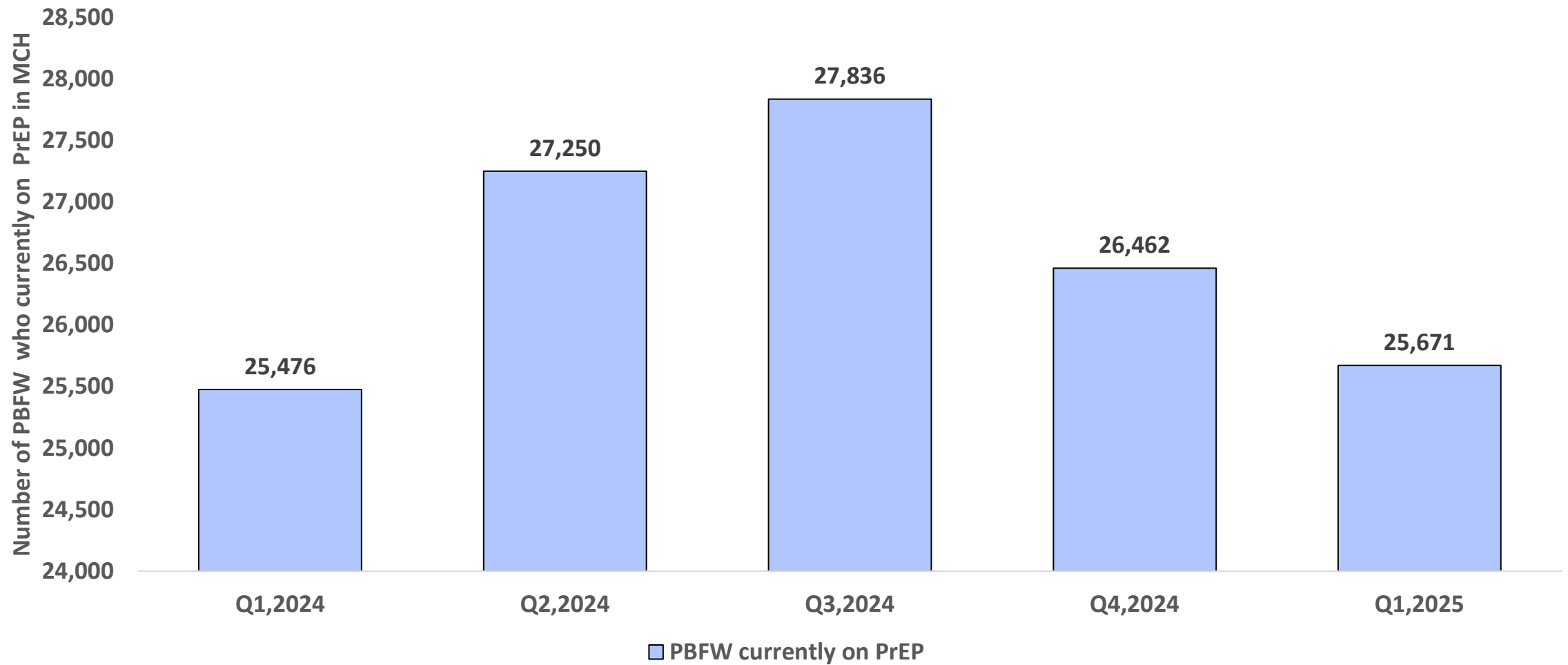


- Initial guidelines did not permit CAB-LA use among PBFW, however women who got pregnant while on CAB-LA were counselled to continue
- With recent evidence on safety of CAB-LA use in pregnancy there is a gradual uptake at facilities

PrEP Initiation in PBFW:2024 Q1-2025Q1



Trends in PrEP Continuity for PBFW Quarterly



Innovative Approaches to Increase PrEP Uptake and Continuity

- Integration of PrEP in maternal and child health (MCH) clinics
 - Provision of PrEP in MCH clinics as opposed to the ART clinic
- Increase group and individual counselling on the availability of PrEP in MCH clinics during ANC and postnatal
- Capacity building of providers in MCH settings
- Peer-to-peer approach for demand creation
- Expanding of CAB-LA for PBFW
- Promoting male partner involvement in ANC

Challenges and Lessons Learned

- ❑ **Low uptake of PrEP among PBFW**
 - **Lack of autonomy by the PBFW to decide whether to take PrEP**
 - **Stigma around the use of PrEP is partly contributed to by;**
 - **Low knowledge of PrEP by the community**
 - **Centralized access to PrEP in the ART clinic**
 - **PrEP is still medicalized**
 - **Age of access to HTS as a barrier**
- ❑ **Multiple data-capturing tools that are not interoperable**

Early Successes and Recommendations for Scale-Up

- **Good response to uptake of CAB-LA by pregnant women**
- **Peer-to-peer approach good strategy for demand creation**
- **Good collaboration between the government and implementing partners contributed to the successful phase one implementation**
- **The program plans to scale up CAB-LA to all ten provinces, targeting districts with high maternal incident infections**

Thank you.



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Q&A/Discussion

Moderators



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Panelists/Discussants



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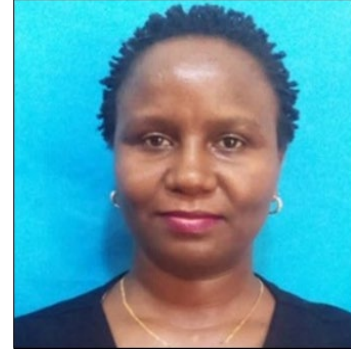
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Closing Remarks

Franklin Emerenini

Deputy Director (HIVE),
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Slides & recordings from this session will be available on the HIV Vertical Transmission Elimination Network (HIVE) website

hiveimpactnetwork.com



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Thank you.



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