HIVE WEBINAR

Protecting Mothers, Preventing HIV: Country Experiences With Pre-Exposure Prophylaxis

Thursday, March 19, 2026

Agenda

- **Welcome and Introductions –** Maureen Syowai, Program Director, CQUIN/HIVE, ICAP
- **Framing Remarks –** Ruby Fayorsey, Deputy Director, Clinical and Laboratory Unit, ICAP
- **Country Presentations:**
    - Eswatini: Sindy Matse, Program Manager, MOH Eswatini
    - Zambia: Chimika Phiri, HIV Prevention Lead, MOH Zambia
- **Panel Discussion & Q&A**
    - Moderators: Bernadeta Msongole, HIVE VTP Advisor, ICAP in Tanzania, and Lulu Ndapatani, HIVE VTP Advisor, ICAP in Kenya
    - Community Advocate: Kunyima Banda, Executive Director, Tides24 Foundation, Zambia
- **Closing and Next Steps –** Maureen Syowai, Program Director, CQUIN/HIVE, ICAP

HIV Impact Network for Vertical Transmission Elimination

Framing Remarks

Ruby Fayorsey

Deputy Director, Clinical and Laboratory Unit, ICAP

HIV Impact Network for Vertical Transmission Elimination

Prevention is Key to Elimination of Vertical HIV

- Pregnancy and breastfeeding are periods of increased vulnerability to HIV
- Several countries are approaching elimination targets, however progress on ART coverage has stalled at 84%
- 25% of new pediatric infections in children are due to HIV acquisition during pregnancy and breastfeeding
    - Eastern and Southern Africa- 32%
    - West and Central Africa- 15%
- Funding shifts have resulted in fewer PrEP initiations in 2025, underscoring the need to deliver greater impact with fewer resources

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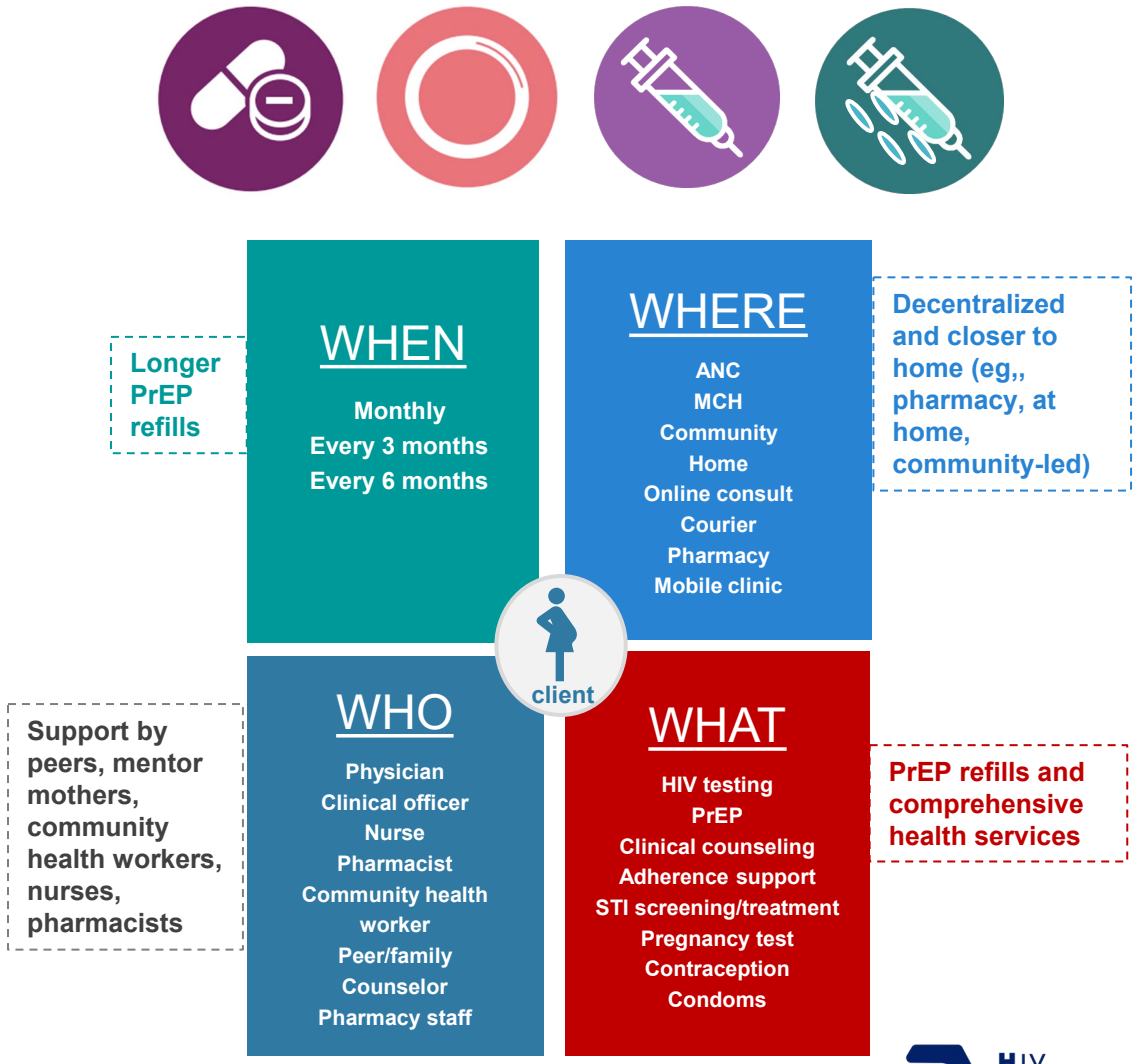
Resilient Health Systems to Expand Prevention Options for PBFW

- Biomedical prevention options for PBFW have increased with the availability of oral PrEP, dapivirine vaginal ring, and injectables (cabotegravir and lenacapavir)
- Uptake of oral PrEP has been limited and persistence challenging during pregnancy and breastfeeding
- Increase community demand and awareness
- Integrate HIV prevention into MCH settings to ensure access to PBFW
    - Optimize HIV testing/retesting
    - Person centered service delivery and informed choice
- Robust monitoring systems beyond the basic cascade, quality and outcome indicators like persistence, maternal adverse events, seroconversions and pregnancy outcomes



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Thank you.

Presenters

Sindy Matse
Program Manager,
MOH, Eswatini

Chimika Phiri
HIV Prevention Lead
MOH, Zambia

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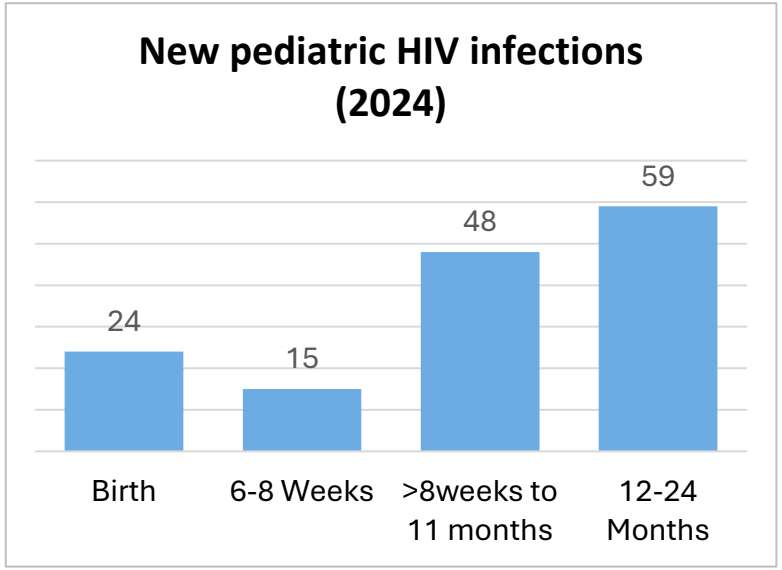
Demand Creation for PrEP among PBFW: The Eswatini Experience

Introduction

- Eswatini has made significant strides in its Prevention of Mother-to-Child Transmission (PMTCT) program, demonstrating a strong commitment to eliminating pediatric HIV.
- **A comprehensive approach**, integrated with maternal and newborn health (MNH) services, has led to impressive results:
  - Low mother-to-child HIV transmission rates (1.34%) at 18–24 (UNAIDS 2024)
  - High HIV-free survival rate (95.9%)
- **Key successes include**
  - Increased access to HIV testing and counselling
  - Opt-out PrEP approach for all HIV negative PBFW
  - High rates of ART uptake among PBFW
  - Provision of postnatal prophylaxis (PNP) to HIV-exposed infants.



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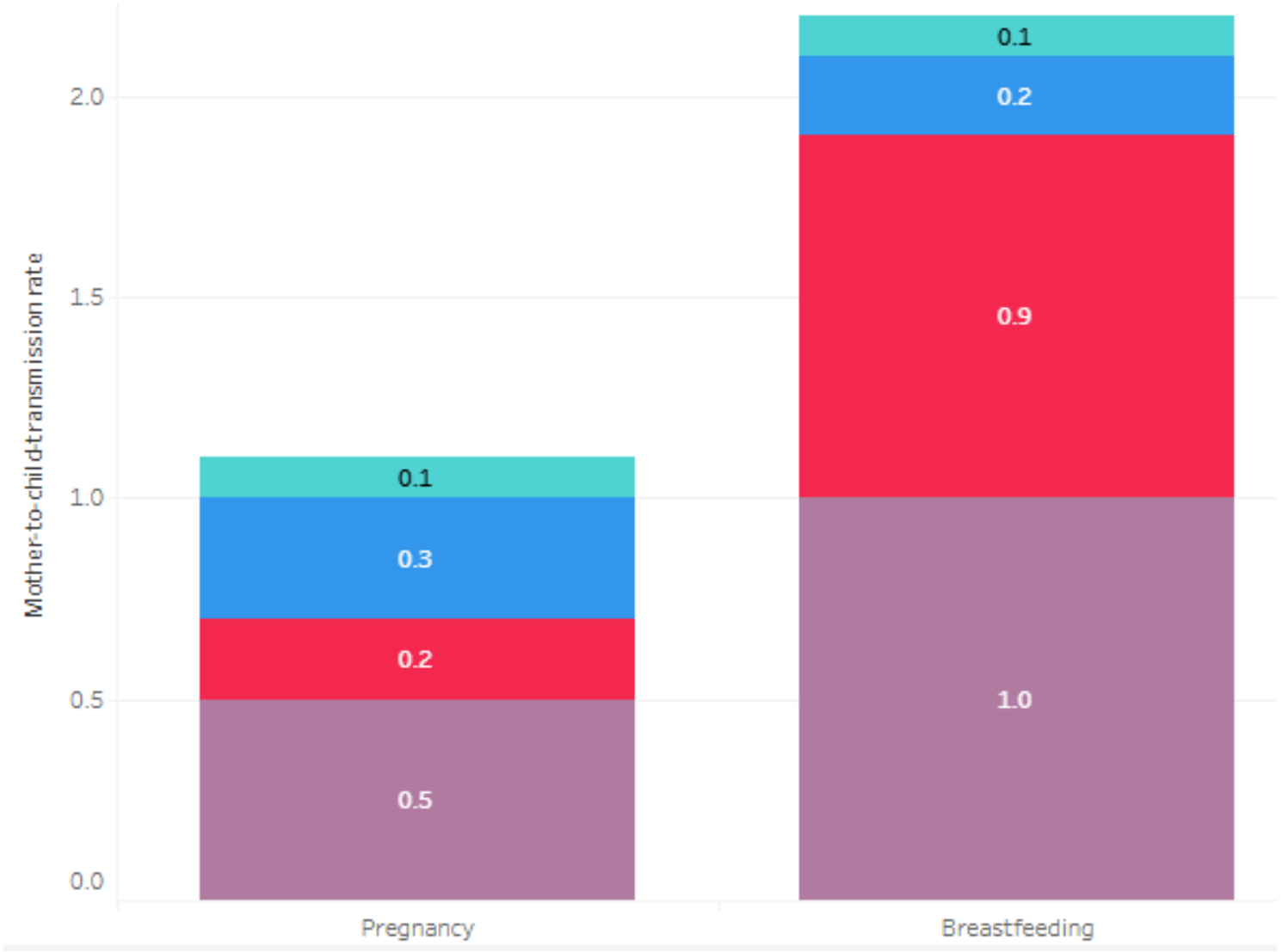
MTCT by source (2024)



Looking at the high rates of newly HIV infected mothers, increased PrEP uptake among PBFW could play a major role in reducing MTCT.

Source: https://data.unicef.org/resources/hiv-country-estimates-for-children-dashboard/

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Roll out of PrEP for PBFW in Eswatini

2017 — Start Oral PrEP demo studies in 24 sites

2018

2019 — **S**tart national scale up oral PrEP

2020

2021

2022 — Opt-out oral PrEP approach for PBFW

2023

2024 — Introducing CAB-LA and scaling up PrEP DVR ring **excluding PBFW**[1]

2025 — **Removal of restrictions for PBFW** for CAB-LA and DVR ring. LEN launch on WAD

2026 — Phasing out CAB-LA and transitioning to LEN. Scale up LEN to 96 sites by Dec 2026

- PrEP is integrated in all service delivery points, including ANC, maternity and PNC.
- An opt-out approach is used for PBFW; HIV- PBFW are offered PrEP regardless of risk.
- Prior to the introduction of CAB-LA, end-user perspectives including those of PBFW, were incorporated through a human-centered design approach that included consultations with potential users.
- PBFW were excluded from initiating CAB-LA. However, CAB-LA users getting pregnant were given an option to continue.

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Priority Populations for PrEP and PrEP as an Opt-out Approach

The MoH has identified several **key and priority populations** for PrEP due to risk factors and high incidence rates.

- Sexually active AGYW 10-24 years
- Women age 25-34 years
- Pregnant and breastfeeding women
- Sex workers
- High risk males, age 16-34
- People who inject drugs (PWID)
- Transgender people
- Gay men and other men who have sex with men (MSM)
- Individuals with STI's
- People with multiple sexual partners
- Sero-different couples (SDC)

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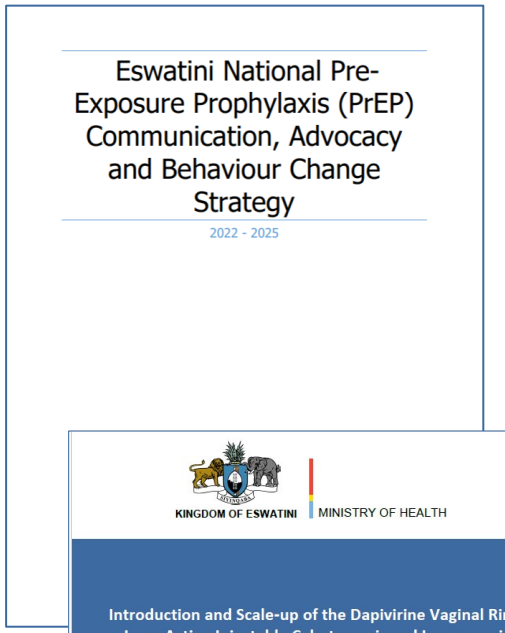
Demand Creation Strategy/Activities

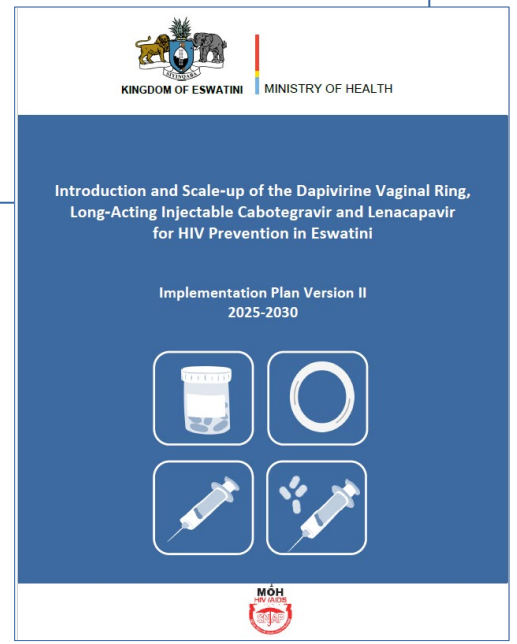
Demand creation in Eswatini is done following the guiding principles of two core documents:

- 2022 Eswatini National PrEP Communication, Advocacy and Behavior Change Strategy
- Implementation Plan Version II (2025-2030) for new PrEP methods

Activities include:

- Social media advertising to create awareness on available PrEP products including injectable PrEP.
- Newspaper articles and radio jingles on PrEP
- LEN focused session during health promotion time slot
- Distributing of posters on new PrEP methods at facility and community level through peers
- LEN flyers for community members
- Demand creation for PrEP for PBFW focuses on emphasizing safety of PrEP products for mother and baby





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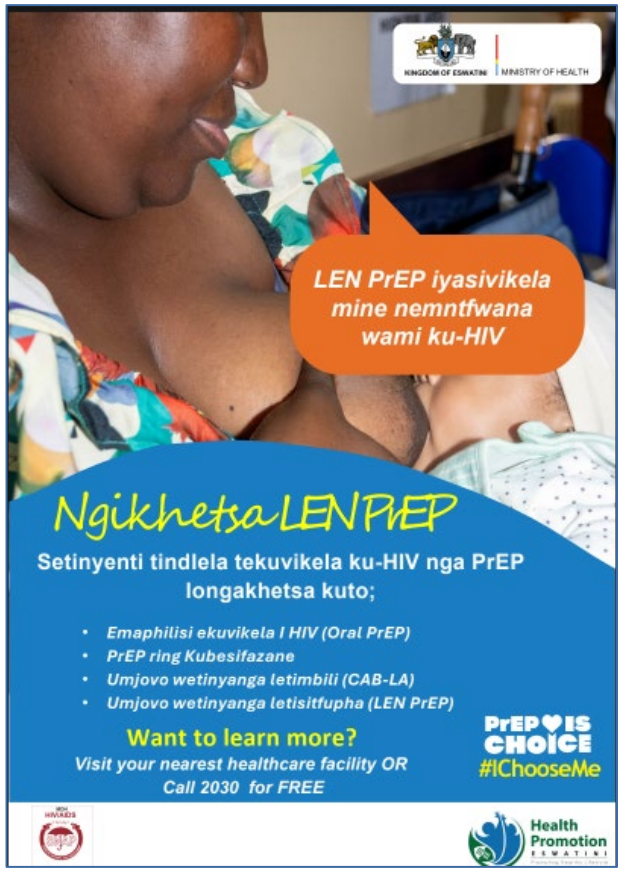
Demand Creation Materials

Flyer introduced when PrEP for PBFW was introduced as an opt-out approach to increase uptake



New LEN focused material emphasizing that there are now different options for PBFW including LEN

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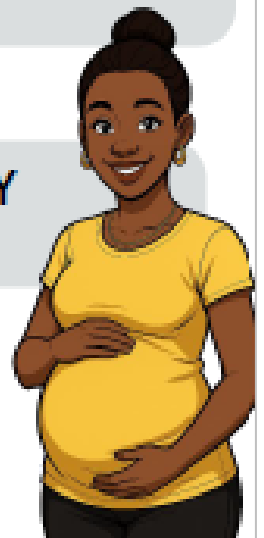
KINGDOM OF ESWATINI | MINISTRY OF HEALTH

WHAT IS MOST IMPORTANT?

WHAT DO YOU WANT?

Each PrEP method is different. Let's figure out which one will fit best into your lifestyle

- HOW PROTECTED WILL I BE?
- HOW PRIVATE IS IT?
- HOW OFTEN DO I NEED TO USE IT?
- HOW FAST DOES IT WORK?
- HOW LONG WILL IT STAY IN MY BODY?
- WHAT ARE THE POSSIBLE SIDE EFFECTS?



This job aid is used by nurses, counsellors and community workers to understand what is most important for clients when choosing a PrEP method

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COMPARING PREP METHODS

When *USED AS DIRECTED*, different PrEP options offer different advantages. The best method for YOU will be the one that fits best with your lifestyle. Think about *what will most help you continue using it* as long as you need protection.

	ORAL PrEP Swallowing pills	LENACAPAVIR Oral pills and injection in the abdomen or thigh	LONG-ACTING CABOTEGRAVIR Injection in the hip	VAGINAL RING Soft silicone ring placed inside the vagina
PROTECTION	Lowers chances of HIV about 90% if taken correctly	Lowers chances of HIV by about 95-100%.	Lowers chances of HIV by about 90-95%.	Lowers chance of HIV from vaginal sex by more than 50%, *Does not protect against HIV from anal sex.*
PRIVACY	You may have to carry your pills; other people might see your pills or pill bottle.	Nothing to carry. May have visible bruising and/or swelling at the injection site for a few days.	Nothing to carry. May have visible bruising and/or swelling at the injection site for a few days.	Other people could find rings you are keeping or have thrown away. Partners don't usually feel it during sex.
DOSE FREQUENCY & EASE	Must remember to swallow pills every day while using and return to the clinic for refills. usually every 3-6 months.	Must be able to return to the clinic for injections, every 6 months.	Must be able to return to the clinic for injections, usually every 2 months.	Should leave the Ring in place for 1 month, remember to insert a new Ring monthly, and return to the clinic for new Rings, usually every 3-6 months.
HOW FAST IT WORKS*	Cis Women: Starts protecting after taking single pill for 7 days in a row. Cis Men: starts protecting 2-24 hours after the first double dose.	Starts protecting within 1 day after first 2 injections and 2 pills.	Starts protecting about a week after first injection, though may take longer in some.	Starts protecting 24 hours after putting it inside the vagina.
HOW LONG IT STAYS IN THE BODY*	Leaves body quickly after stopping. Cis Women: must continue daily pills throughout period of exposure and for 7 days after last sex. Cis Men: must continue daily pills for 2 days after last sex.	Low levels of drug remain in body for about a year, which may carry some risks your provider will describe; protection lasts for 6 months after last injection in most instances.	Low levels of drug remain in body for about a year, which may carry some risks your provider will describe; protection lasts for 2 months after last injection in most instances.	Most drug is only in the vagina and quickly disappears after ring removed; must leave ring in place on day of sex and for 24 hours after last sex.
SIDE EFFECTS	Possible side effects include: GI symptoms, dizziness, headache; usually rare, mild and decrease over time	Injection site reactions are common; often mild-moderate, nodules/induration may persist many months	Injection site reactions are common; often mild-moderate, and decrease over time	Possible side effects include: urinary tract infections, vaginal inflammation/discharge/itching, lower abdominal pain; usually rare and mild

*Transgender women: if using gender-affirming hormones, starting/stopping same as for cis-women; if not using gender-affirming hormones, starting/stopping same as for cis-men

Summarizes the main differences between the available PrEP methods to help clients making an informed choice.

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Monitoring and Evaluation of PrEP for PBFW

Electronic monitoring system has undergone revisions to include CAB-LA (2024) and LEN (2025).

Indicator
% HIV negative clients eligible for PrEP
% HIV negative clients offered PrEP
% HIV negative clients accepted PrEP
% clients initiated on PrEP
% clients active on PrEP at 6 months
% of PrEP clients switching PrEP products within last 6 months
% of SRH clients that receive PrEP during their FP, ANC or PNC visits.

Where applicable, indicators are disaggregated by:

- Region
- Facility
- Sex
- Age
- Priority population
- PrEP method

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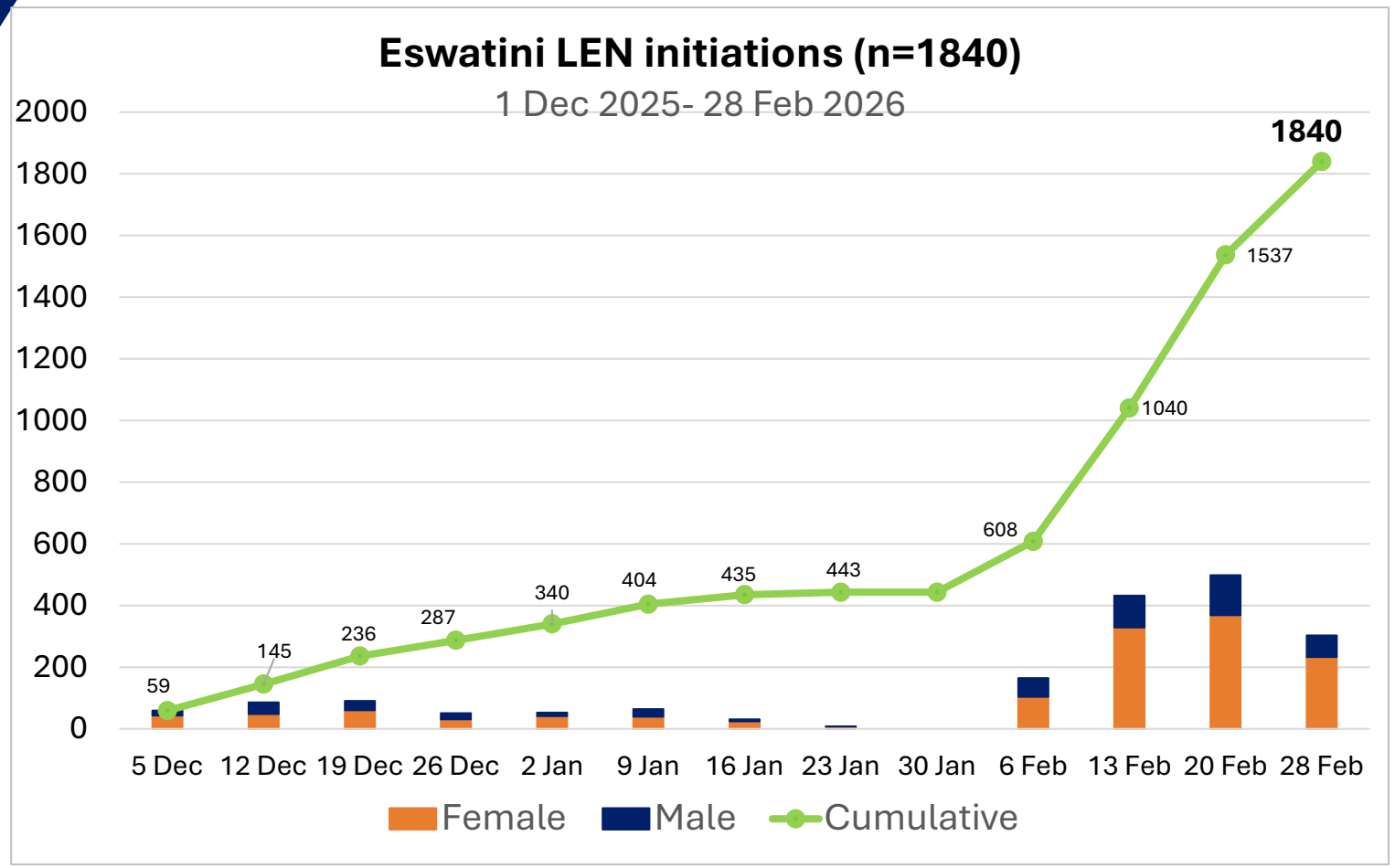
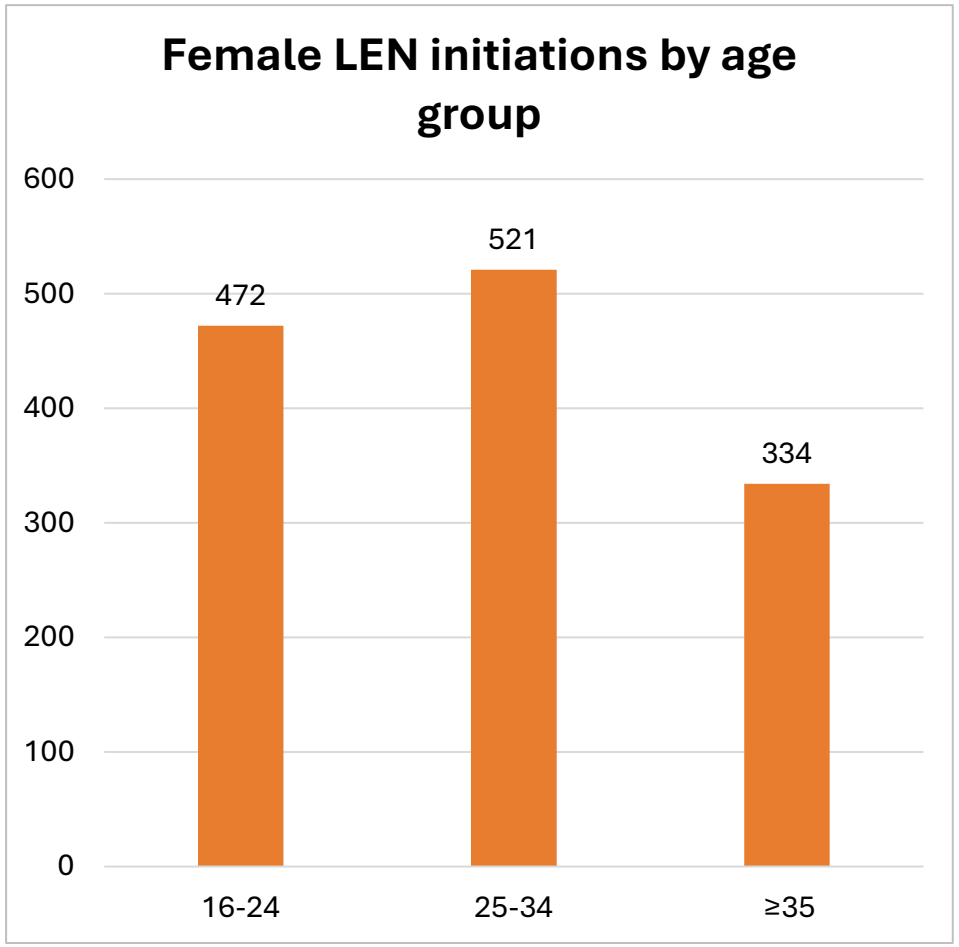
LEN Initiation Trend (Dec 2025 – Feb 2026)





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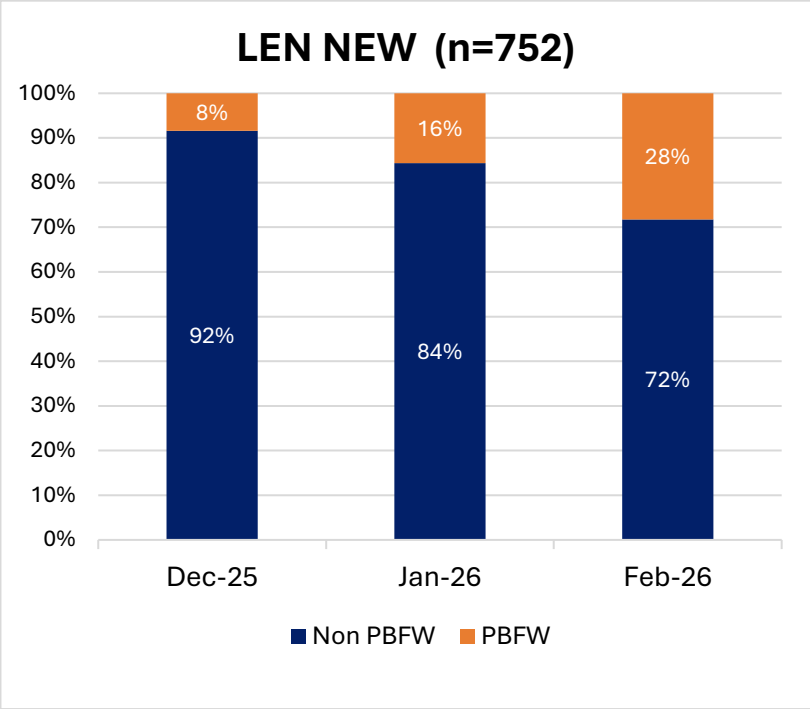
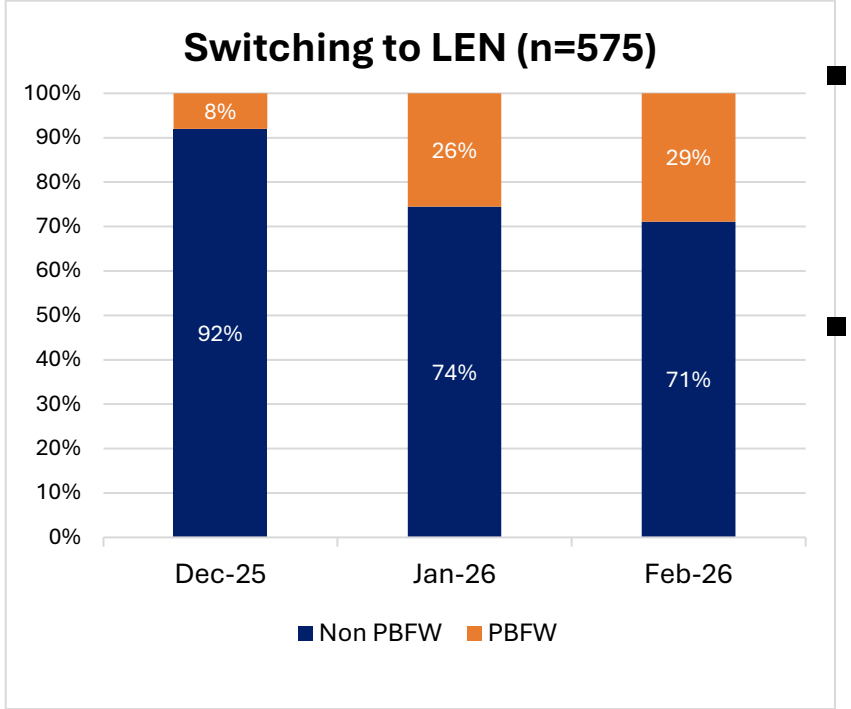
Proportion of PBFW Among all Female LEN Initiations (Dec 2025- Feb 2026)





- % of PBFW among clients initiating/starting LEN is increasing since the start of LEN introduction.
- Trends are similar for new PrEP users as well as for women switching from another product to LEN.

Contribution factors:

- Site selection includes ANC/PNC sites among newly added LEN sites. (Dec: 5 sites; Jan: 24 sites; Feb: 29 sites)
- HCW becoming more comfortable offering LEN as a PrEP option to PBFW.
- Increased public awareness of safety of LEN for PBFW.

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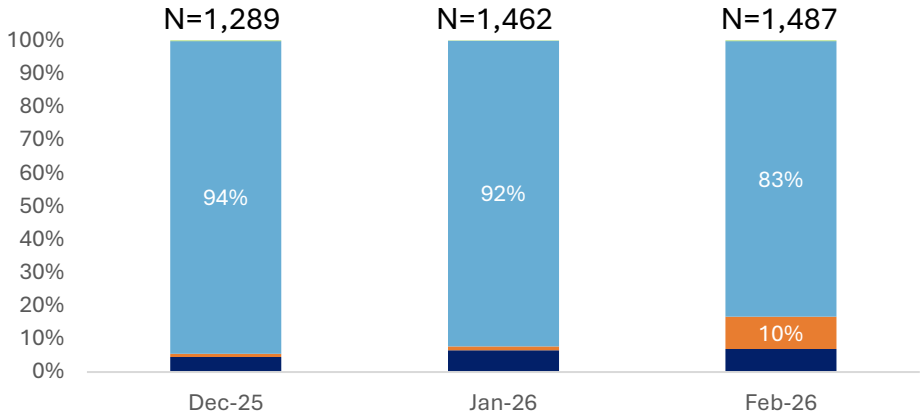
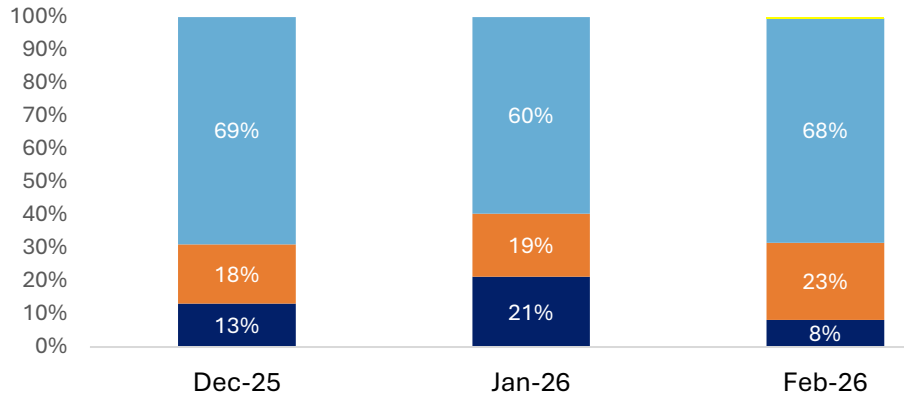
PrEP Choice among PBFW

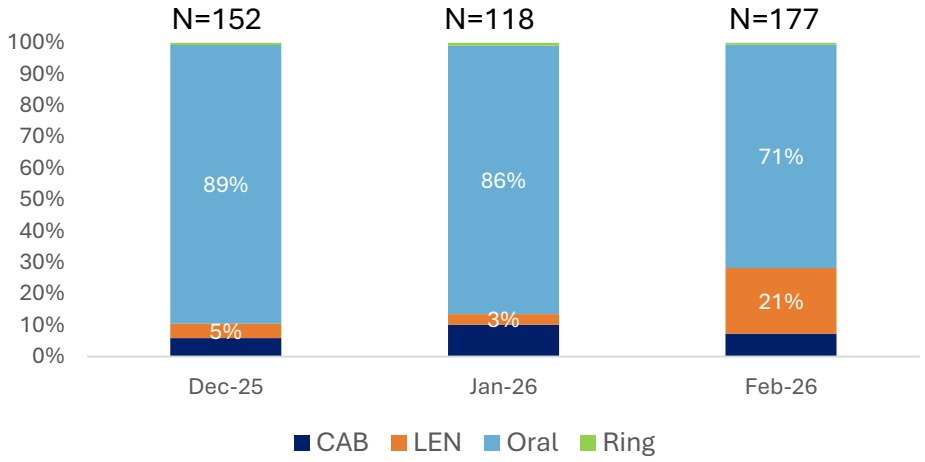
Pregnant women- all PrEP sites



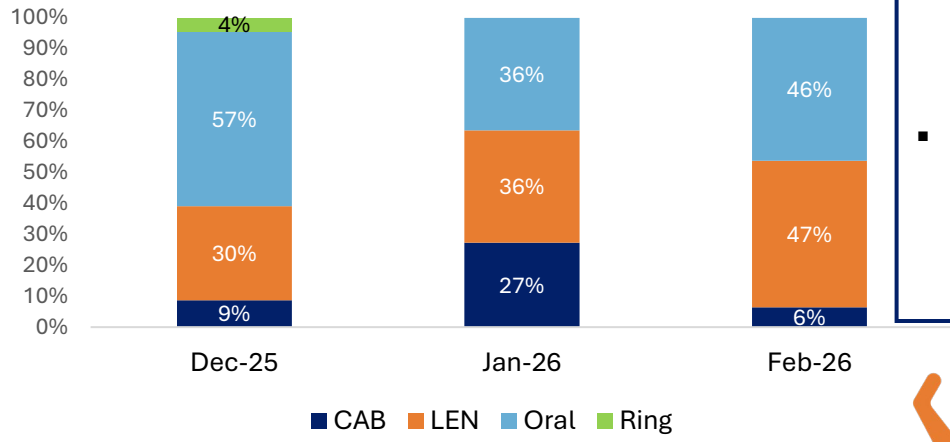
Pregnant women- LEN sites



Breastfeeding women- all PrEP sites



Breastfeeding women- LEN sites



- Majority of PBFW are using oral PrEP.
- CAB-LA and PrEP ring only were allowed for PBFW in Q4 2025.
- Prior to Q4, women becoming pregnant while already using CAB-LA or the PrEP ring, were given an option to continue the product.
- For facilities offering LEN, the % of clients on LEN is increasing.
- Dec/Jan, only 5 sites were offering LEN. Feb 2026, 29 sites were offering LEN.
- A higher percentage of breastfeeding women compared to pregnant women are opting for LEN.

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Lesson learnt/Best Practices

- Opt-out approach for PBFW ensures that every clients will be engaged in a conversation on PrEP and will be offered PrEP regardless of (perceived) risk.
- Ongoing sensitization of HCW and community members on the safety of PrEP in PBFW is crucial through peers.
- Including Public Health Units(Health facilities designed for PBFW) in the priority facilities for LEN roll-out.
- Continuous mentoring and supportive supervision

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Challenges

- Delay of national medicine regulatory authority approval for the use of CAB-LA left PBFW out.
- As PBFW were initially not included, there is a risk of suspicion among PBFW on the safety of injectable PrEP.
- Many women discontinue PrEP after delivery. A long-acting method like LEN will be preferred to ensure longer PrEP use for the full duration of pregnancy and breastfeeding.
- Insufficient LEN stock to roll out to all ANC clinics.
- LEN demand is higher than the supply which restricts demand creation strategies.
- Reluctance from nurses to start PBFW on Len (1) while there is limited available safety data and (2) from pervious exclusion of PBFW from injectable CAB-LA option
- Gaps in data linking ANC and PrEP data.

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Way Forward

- Ongoing training and sensitization of healthcare workers, community workers and communities
- Demand creation to continue to focus on PrEP choice with information on the new injectable PrEP method
- Ongoing improvements of linking ANC, PNC and PrEP data
- Addressing emerging myths and misconceptions promptly

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Thank you.

Integration of PrEP in MCH settings in Zambia: Successes and challenges

Zambia's VTP Objectives

To reduce the population case rate of new paediatric HIV infections due to vertical transmission to ≤50 per 100,000 live births by 2028

To reduce the population case rate of congenital syphilis to less than 50 cases per 100,000 live births by 2028

To reduce the vertical transmission (VT) rate to ≤5% at 24months

To reduce the hepatitis B prevalence among children younger than five years to less than 0.1% by 2028

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VTP Performance 2024 and 2025

	Indicator	2024	2025
Testing	1st ANC Coverage	87.7%	88%
	HIV testing in ANC	93.7%	92%
	Syphilis Testing in ANC	73%	86%
	Hepatitis B testing in ANC	15%	27%
Treatment	ART treatment among PBFW	97%	97.4%
VT Rate	Final VT rate	6.6	5.9

Vertical Transmission Elimination

Drivers of Vertical Transmission (2025)

New Pediatric HIV Infections

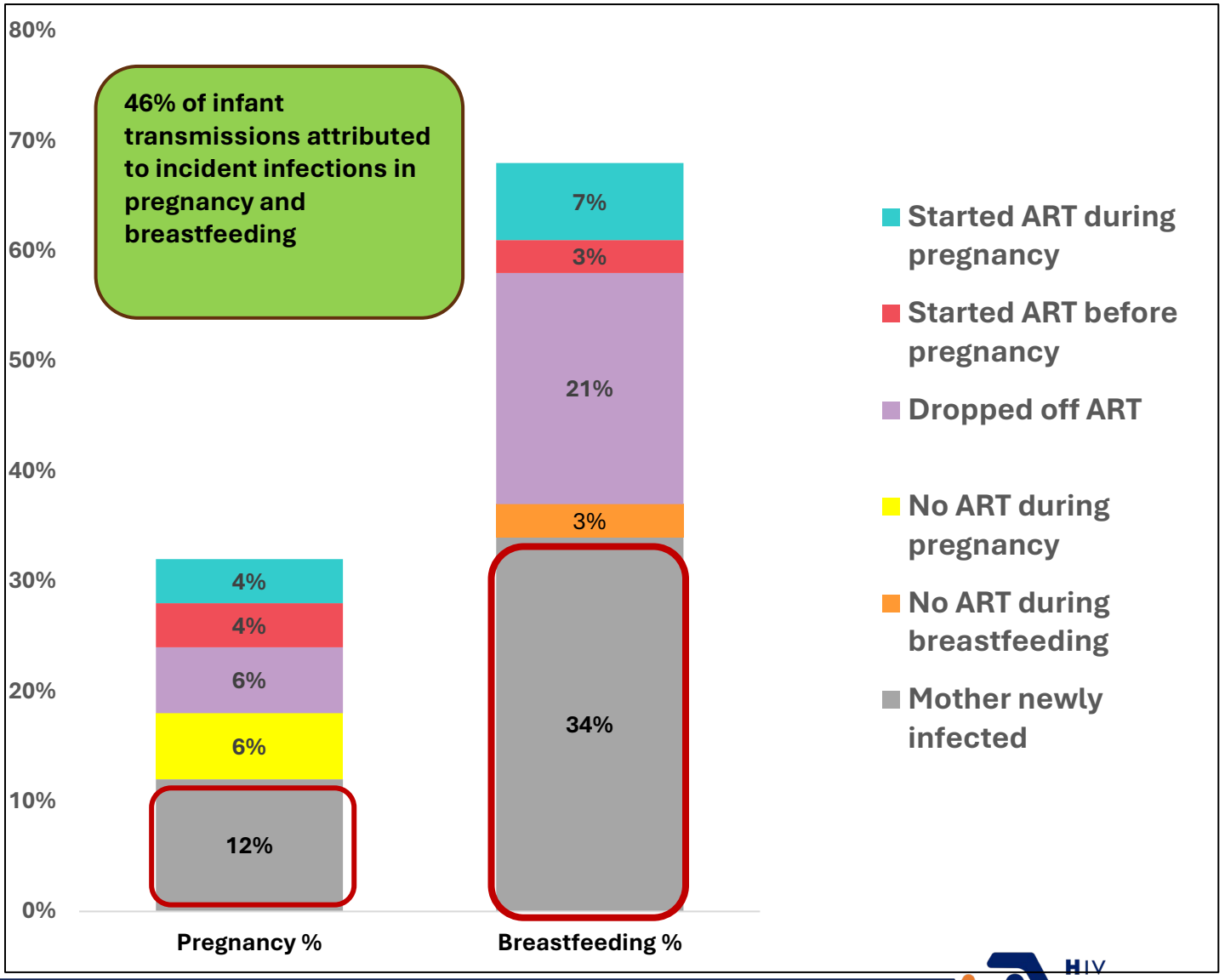
2,960

new infections

68% breastfeeding

32% during pregnancy

SOURCE OF INFECTIONS(%)



Source: UNAIDS Estimates · 2024 Data

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PrEP Introduction in Zambia

Our PrEP Program Journey

2017 — Oral PrEP introduced in Zambia (Pilot study Lusaka, Livingstone)

2018 — Inclusion of PrEP in National HIV Guidelines

2020 — Rapid assessment found high acceptability and desire to access oral PrEP

2022 — CAB PrEP Introduction in Zambia Value Chain Situation Analysis

Mar. 2023 — PEPFAR announces Zambia among first five countries to get support for CAB-LA

Feb. 2024 — CAB-LA launched in Zambia and implementation begins

Aug. 2024 — CAB LA approved for use for **PBW**

Dec. 2025 — LEN launched in Zambia and implementation begins

July. 2025 — Notified by Global Fund that Zambia is eligible for LEN in Grant Cycle 7

Roll out of Injectable PrEP for PBFW in Zambia

Implementation approaches

- 38/2263 (2%) PrEP sites offering CAB LA and 2 hospitals offering LEN for PBFW
- PrEP is integrated into MCH. It may be offered to all, or women request for it or risk screening done to ensure all women who need it receive it.
- Different integration models based on level of facility.

High Volume MCHs

1. **Health education is provided awaiting bays**
2. **Additional PrEP choice counseling and risk screening offered in the different rooms**
3. **One service delivery point for dispensing**
4. **Hybrid paper and electronic data collection.**

Low Volume MCHs

1. **Health education provided at waiting bays**
2. **One HIV testing point**
3. **PrEP choice counseling is offered in ANC, immunization and FP rooms as mom receives other services.**
4. **Data collection alongside service delivery**

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Implementation Approaches

- The PrEP training curriculum has been updated to include LEN. The training targets nurses, nurse-midwives, and clinical officers to enable them to provide the full range of PrEP options.
- Country is in the process of updating all SOPs for PBFW to include expanded choices
- Currently, paper PrEP collecting tools (Pregnancy inventory tool) are used, and the data is then input into the DHIS2 tracker

Currently Zambia does not have any community-based delivery of PrEP services for PBFW.

Long-Acting Injectables for PrEP in Zambia

Zambia introduced CAB-LA through programmatic delivery in Feb 2024, expanding HIV prevention options beyond oral PrEP

- Gaps in Oral PrEP: Low continuation (AGYW), low uptake (PBFW), and IPV-related barriers.
- High Demand: Communities requesting injectable alternatives to daily pills.
- Service Delivery Opportunities: Existing oral PrEP channels provide a platform for rollout.
- Enabling Structures: National PrEP Task Force drove guidelines, technical input, and implementation planning.

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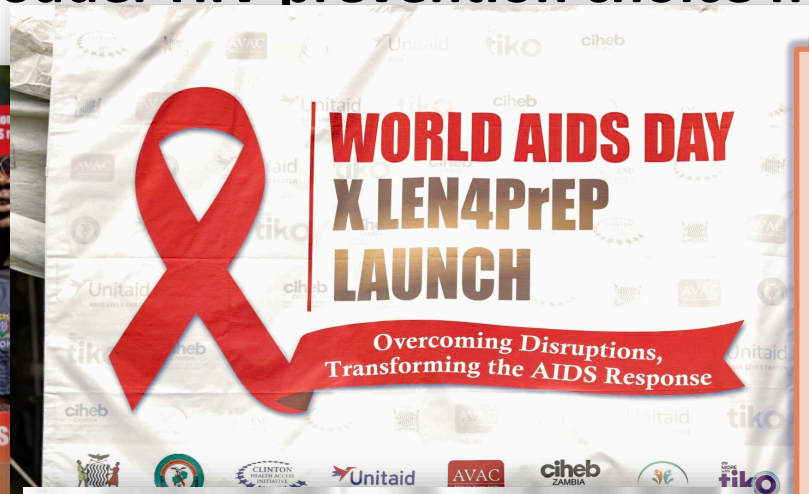
Lenacapavir Long Acting for PrEP

Positioning LEN within the broader HIV prevention choice framework



- Based on Lessons from CAB LA rollout, we rapidly prepared for LEN introduction through policy updates, health facility readiness, HCW trainings, community involvement and regulatory readiness.
- Zambia delivered its first LEN injection on 1st December 2025. 3/542 target sites are currently offering LEN(UTH Adult, Chawama First Level Hospital, UTH Women and Newborn).

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Timeline of Lenacapavir implementation for PBFW

Zambia plans to provide LEN to approximately 21,228 PBFW out 82,000 (26%). 542 HFs targeted

LEN rollout will prioritize facilities already experienced in delivering oral PrEP and CAB-LA within MCH settings.

Provinces and Districts with higher HIV incidence will be prioritized

HCW training currently on going in preparation for April 2026 roll out

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Monitoring of PrEP for PBFW

Started with paper-based records.

Country is transitioning to electronic records through the use DHIS 2 tracker to monitor all prep options (oral, CAB-LA and LEN)

Data entered at the HF though sync to the national data

Tracker forms have been updated to include

- Disaggregation by pregnancy and breastfeeding
- Eligibility
- Clinical assessments at baseline
- Client follow up during continuation.

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Monitoring of PrEP for PBFW: Data Flow Overview

Data flows from point-of-service paper documentation through DHIS2 trackers to national reporting

STEP 1

Point of Service

Client visit recorded on paper-based forms

Filed in client folder

5 standardized forms capture all PrEP interactions

STEP 2

DHIS2 Tracker Entry

Paper forms entered into DHIS2 tracker

Direct entry also possible at POS

Tracks oral PrEP, CAB-LA and LEN

STEP 3

National Reporting

Monthly aggregation at facility level

Reported to national DHIS2

Indicators: PrEP initation and currently on PrEP in ANC

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PrEP Forms and Reporting for PBFW

Documentation Forms

1 Eligibility Screening & Initiation
Initial eligibility screening for all clients opting for PrEP

2 Follow-Up Visit Form (Clinical)
Lab results, side effects, seroconversion and clinical decisions

3 PrEP Discontinuation Form
Reasons for stopping PrEP, seroconversion, and post-discontinuation plan

4 Pregnancy and Infant follow-up monitoring
Documentation of the progress and Pregnancy outcome, and the infant follow-up up to 24 mo

5 Post-Discontinuation Monitoring Form
Ongoing assessment when the client is no longer on CAB-LA/LEN

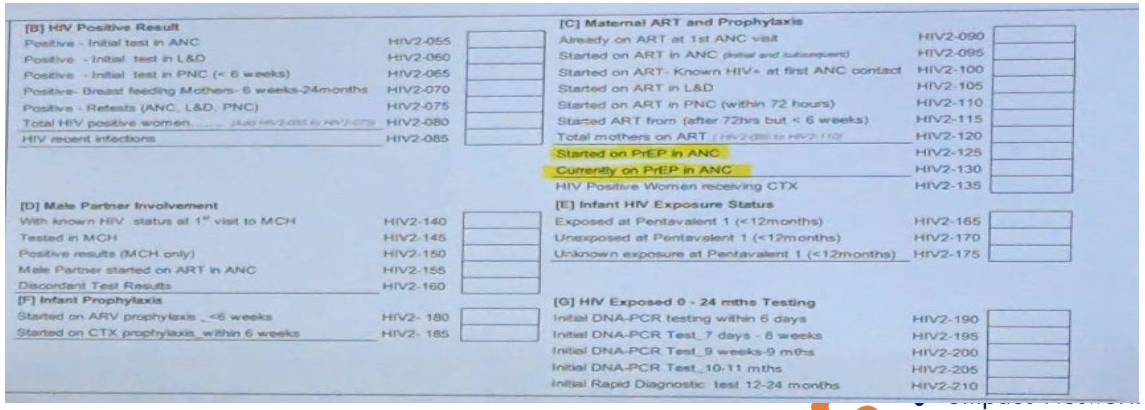
5 Pharmacovigilance Form
Adverse effects associated with PrEP and pregnancy outcomes

DHIS2 Reporting and Indicators

1. **Facility data aggregated monthly**
2. **Compiled into monthly report forms**
3. **Reported into national DHIS2 system**

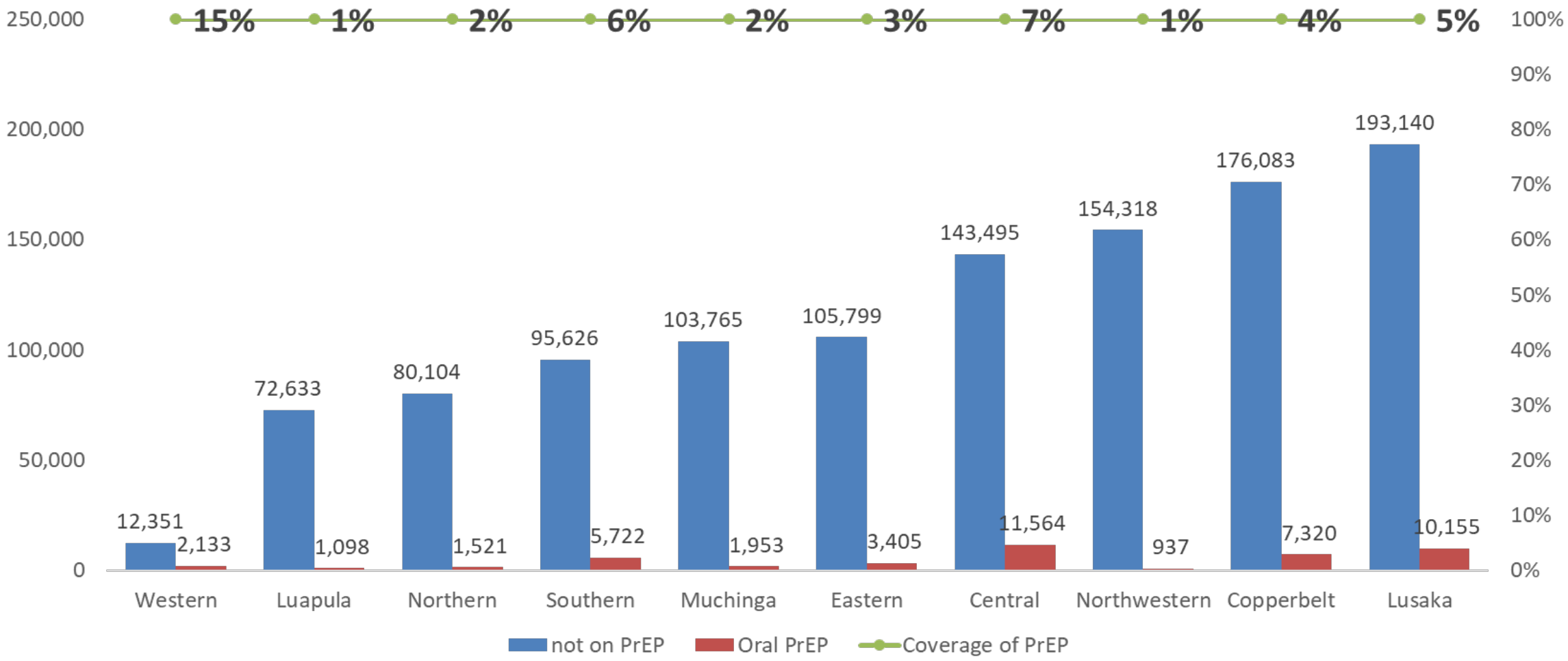
Started on PrEP in ANC
New initiations

Currently on PrEP in ANC
Active clients



[B] HIV Positive Result		**[C] Maternal ART and Prophylaxis**	
Positive - Initial test in ANC	HIV2-055	Already on ART at 1st ANC visit	HIV2-090
Positive - Initial test in L&D	HIV2-060	Started on ART in ANC (Initial and subsequent)	HIV2-095
Positive - Initial test in PNC (< 6 weeks)	HIV2-065	Started on ART- Known HIV+ at first ANC contact	HIV2-100
Positive- Breast feeding Mothers- 6 weeks-24months	HIV2-070	Started on ART in L&D	HIV2-105
Positive - Retests (ANC, L&D, PNC)	HIV2-075	Started on ART in PNC (within 72 hours)	HIV2-110
Total HIV positive women (Add HIV2-055 to HIV2-075)	HIV2-080	Started ART from (after 72hrs but < 6 weeks)	HIV2-115
HIV recent infections	HIV2-085	Total mothers on ART (HIV2-090 to HIV2-110)	HIV2-120
		Started on PrEP in ANC	HIV2-125
		Currently on PrEP in ANC	HIV2-130
		HIV Positive Women receiving CTX	HIV2-135
[D] Male Partner Involvement		**[E] Infant HIV Exposure Status**	
With known HIV status at 1st visit to MCH	HIV2-140	Exposed at Pentavalent 1 (<12months)	HIV2-165
Tested in MCH	HIV2-145	Unexposed at Pentavalent 1 (<12months)	HIV2-170
Positive results (MCH only)	HIV2-150	Unknown exposure at Pentavalent 1 (<12months)	HIV2-175
Male Partner started on ART in ANC	HIV2-155		
Discordant Test Results	HIV2-160		
[F] Infant Prophylaxis		**[G] HIV Exposed 0 - 24 mths Testing**	
Started on ARV prophylaxis _<6 weeks	HIV2- 180	Initial DNA-PCR testing within 6 days	HIV2-190
Started on CTX prophylaxis_within 6 weeks	HIV2- 185	Initial DNA-PCR Test_7 days - 8 weeks	HIV2-195
		Initial DNA-PCR Test_9 weeks-9 mths	HIV2-200
		Initial DNA-PCR Test_10-11 mths	HIV2-205
		Initial Rapid Diagnostic test 12-24 months	HIV2-210

Oral PrEP Initiation among PBFW in 2025



HIV Impact Network for Vertical Transmission Elimination

Uptake of Injectable PrEP in PBFW: CAB-LA

TOTAL FEMALE CLIENTS
5567 (60% of all CAB initiations)

PREGNANT WOMEN
329 (5%)

BREASTFEEDING WOMEN
180 (3.2%)

Monitoring maternal and infant outcomes has continued since the inclusion of PBFW on CAB LA in Aug 2024

HIV Impact Network for Vertical Transmission Elimination

Uptake of Injectable PrEP in PBFW: Lenacapavir

TOTAL FEMALE CLIENTS

400

58% of all LEN initiations

PREGNANT WOMEN

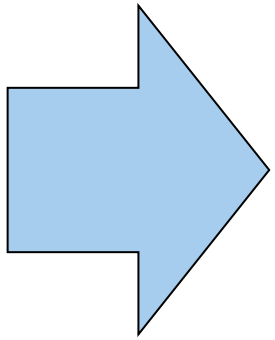
63

19.7% of female clients

BREASTFEEDING WOMEN

43

13.5% of female clients

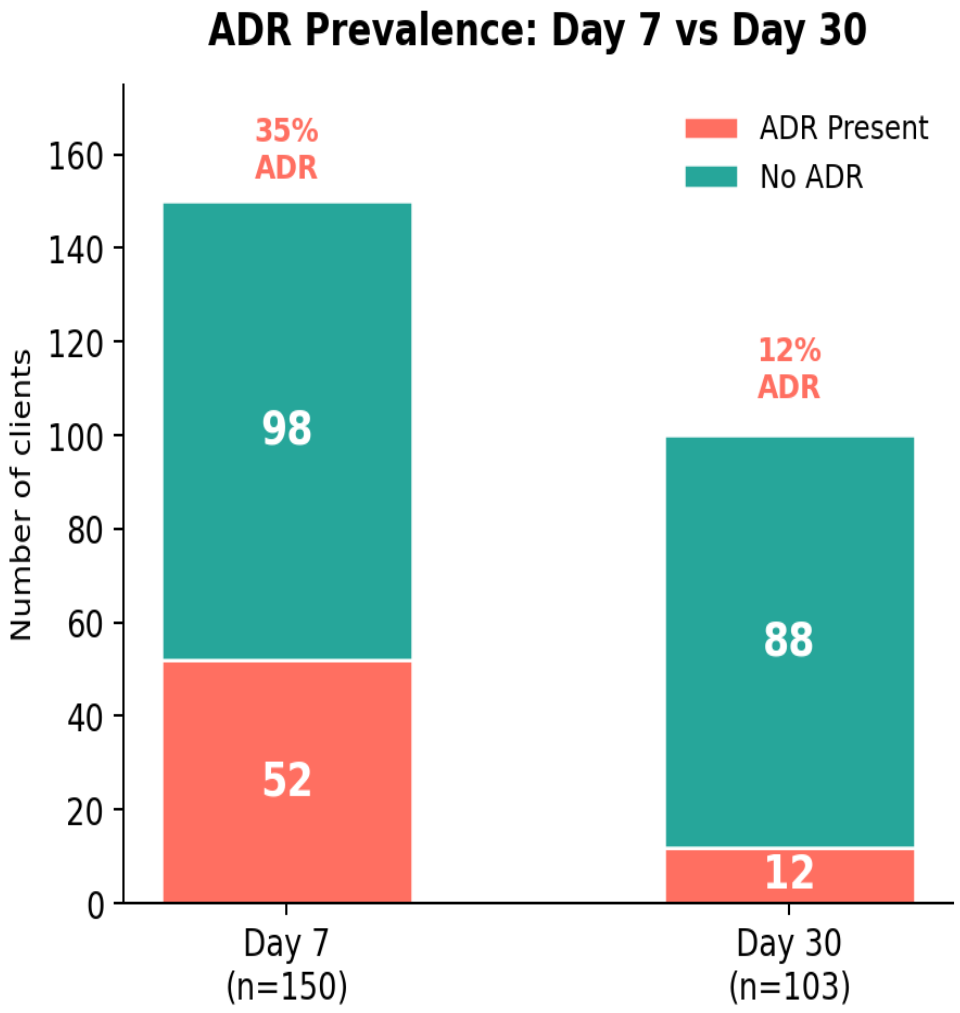


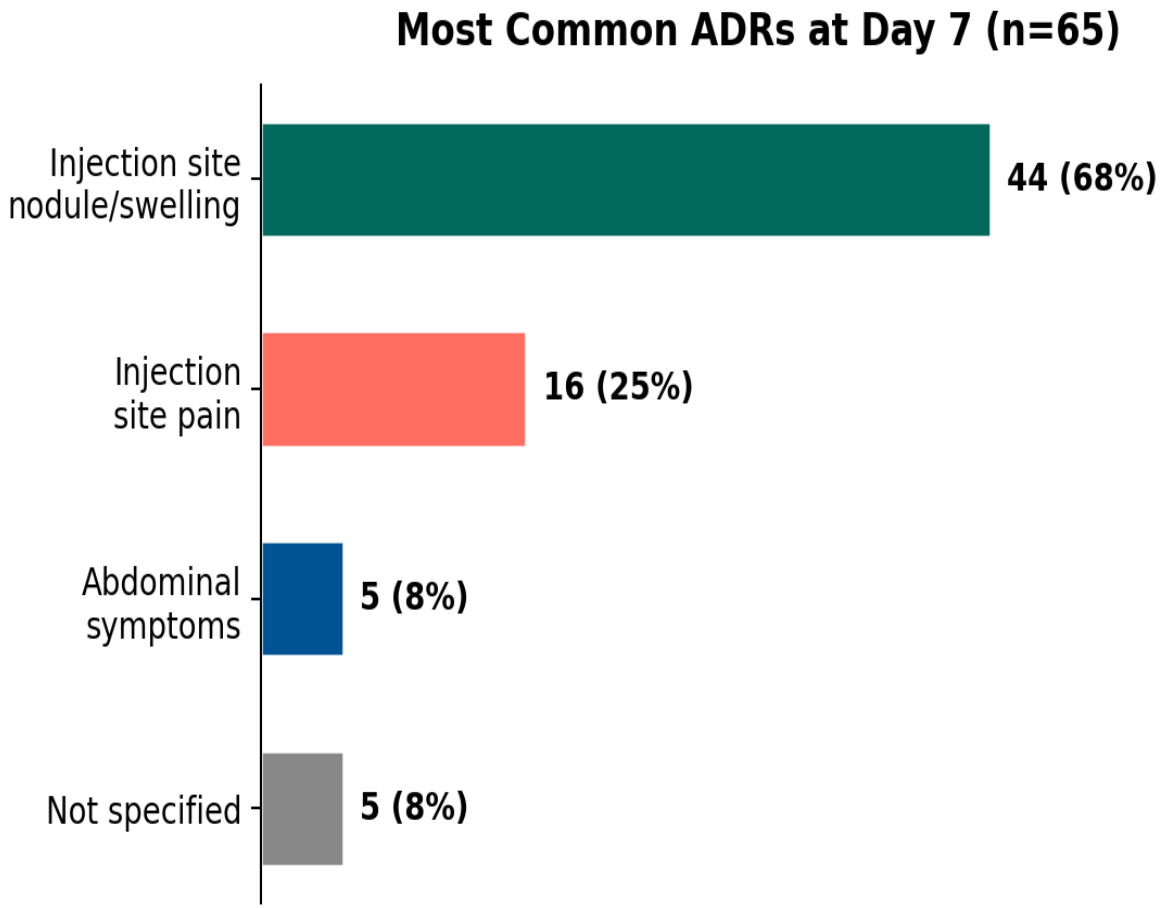
Strong foundation for expanding LEN in ANC/postnatal settings. Continue monitoring maternal and infant outcomes.

Initiation data from 1st Dec 2025 through 24th Feb 2026 in the Phase 1 sites

HIV Impact Network for Vertical Transmission Elimination

Pharmacovigilance for LEN Safety Monitoring





HIV Impact Network for Vertical Transmission Elimination

Lesson Learnt/Best Practices

Need for continuous capacity is critical to deliver new HIV prevention products effectively for nurses in MCH

Need to invest in demand generation specifically for pregnant and breastfeeding women to reach all who need PrEP.

Develop IEC materials specifically for PBFW that address fears and myths of using PrEP while pregnant or breastfeeding

Involvement of various stakeholders, including civil society organizations (CSOs), is key to for demand creation.

Challenges in documentation due to use of both paper and electronic systems for documenting PrEP in MCH. Need to transition to use of the DHI2 tracker to reduce documentation load in MCH

HIV Impact Network for Vertical Transmission Elimination

Challenges and Way Forward

1

How to effectively integrate PrEP into busy MCHs especially high-volume institutions that have multiple service points

2

How to effectively target breastfeeding women visiting various service delivery points within MCH.

3

De-medicalization of PrEP, the how? Who? Where?

HIV Impact Network for Vertical Transmission Elimination

Thank you.