

Prevention in Practice: Kenya Updates and Innovations on HIV Prevention in PBFW

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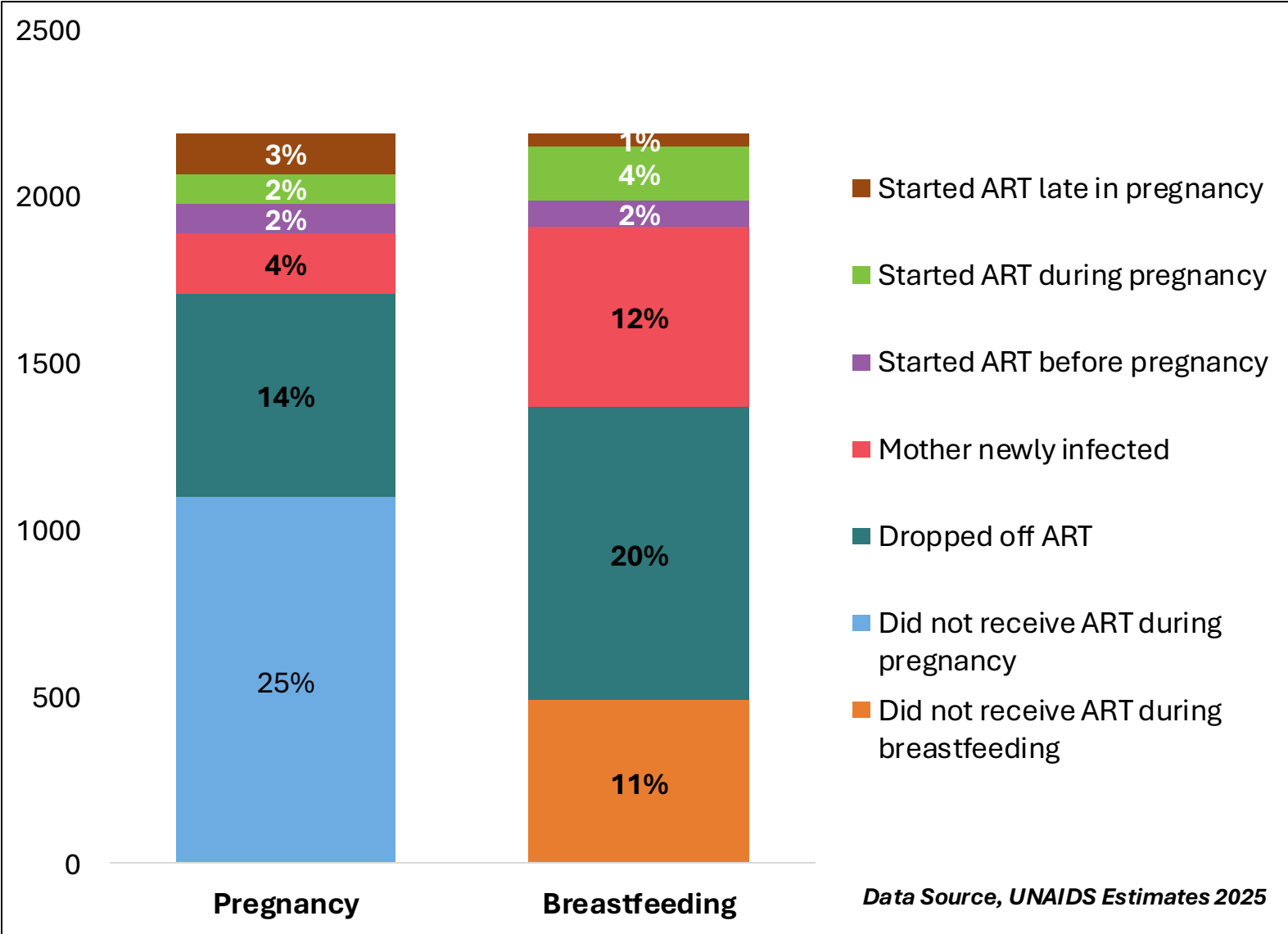
Advancing HIV Prevention and PrEP
for Pregnant and Breastfeeding Women
Nairobi, Kenya | April 22-24, 2026



HIV
Impact Network for
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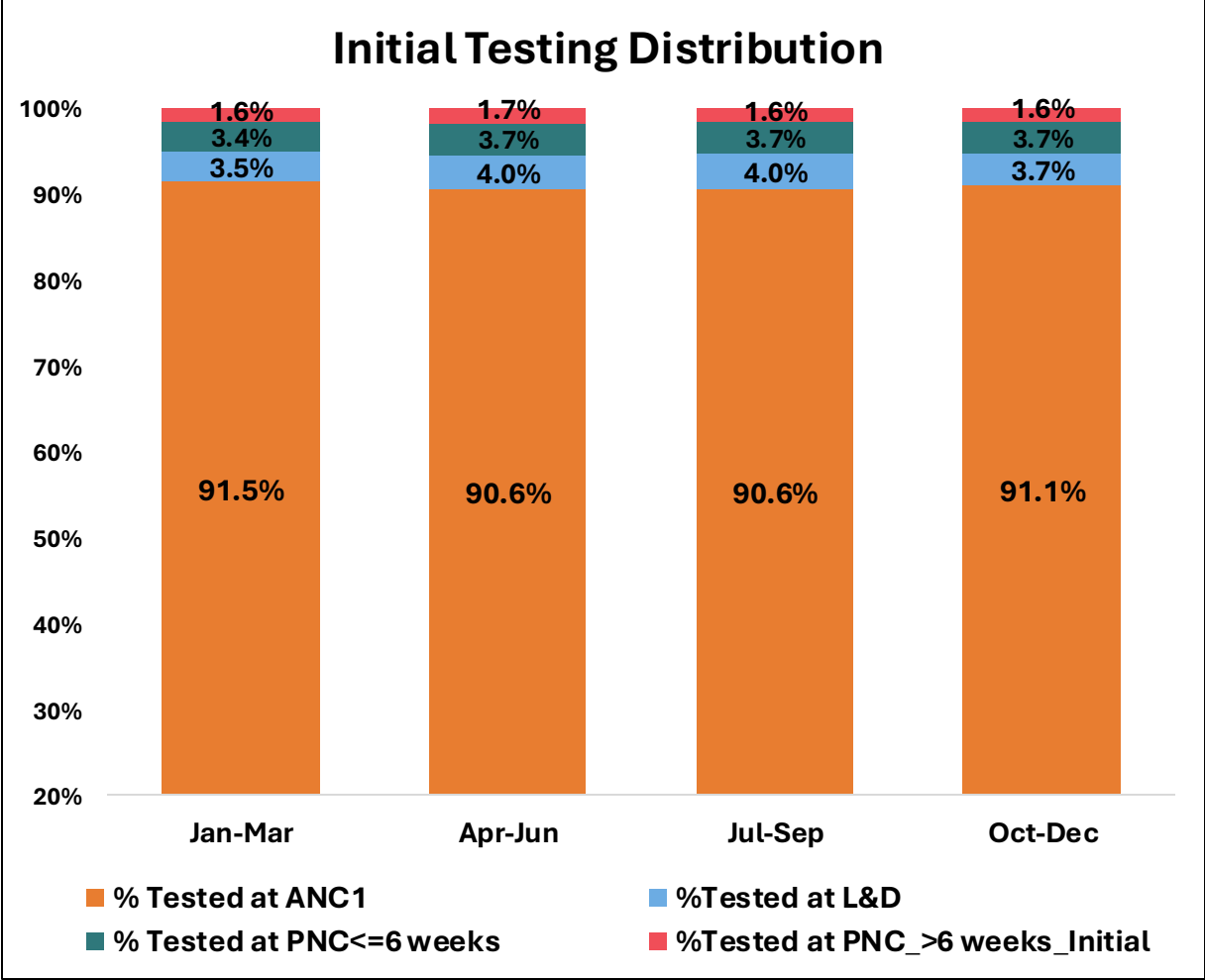
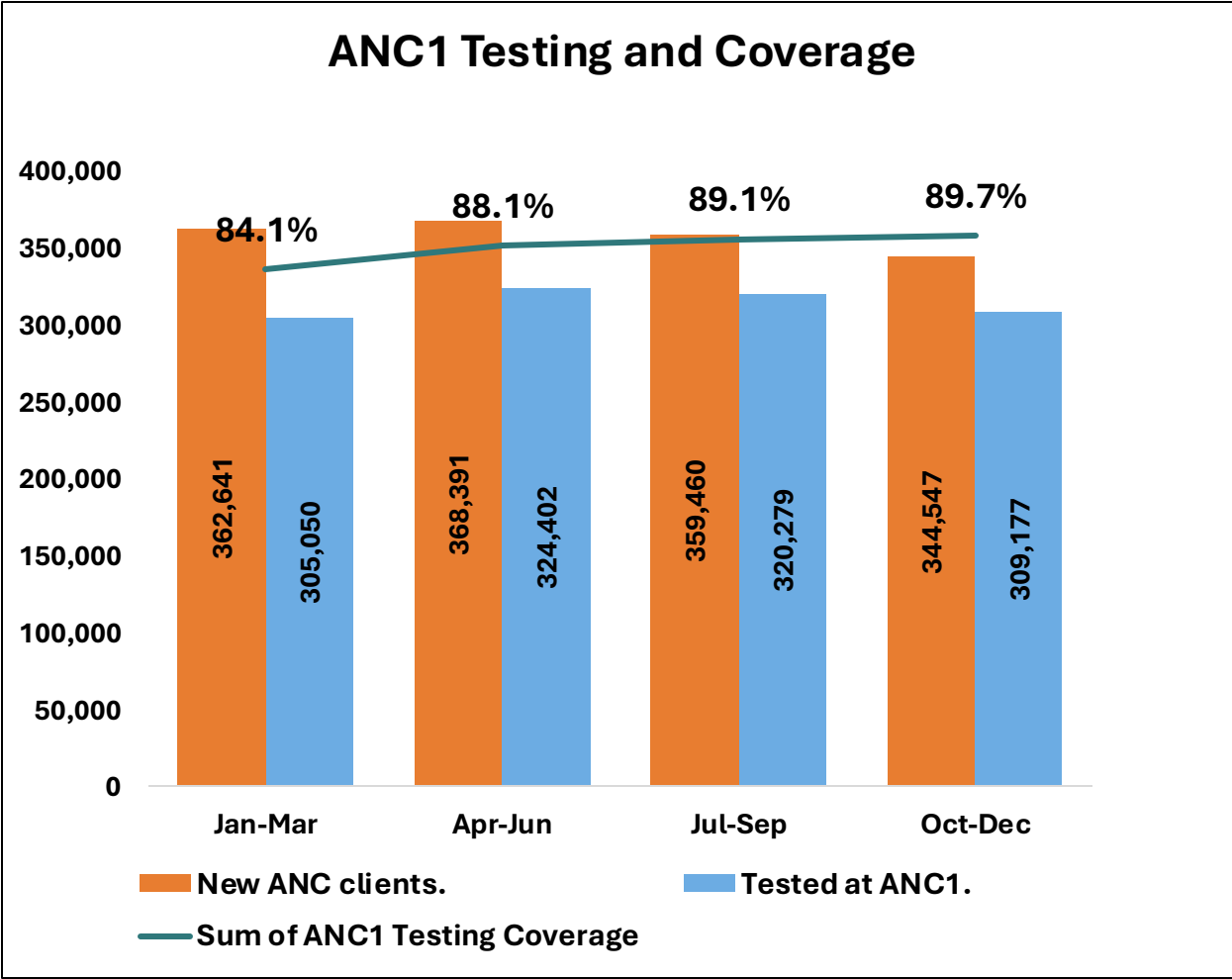
Sources of New Pediatric HIV Infections in Kenya



16% (720) of new infant HIV infections result from incident maternal infections during pregnancy and breastfeeding

71% (3,080) of new HIV infections in children aged 0–14 years are linked to missed opportunities across the care cascade

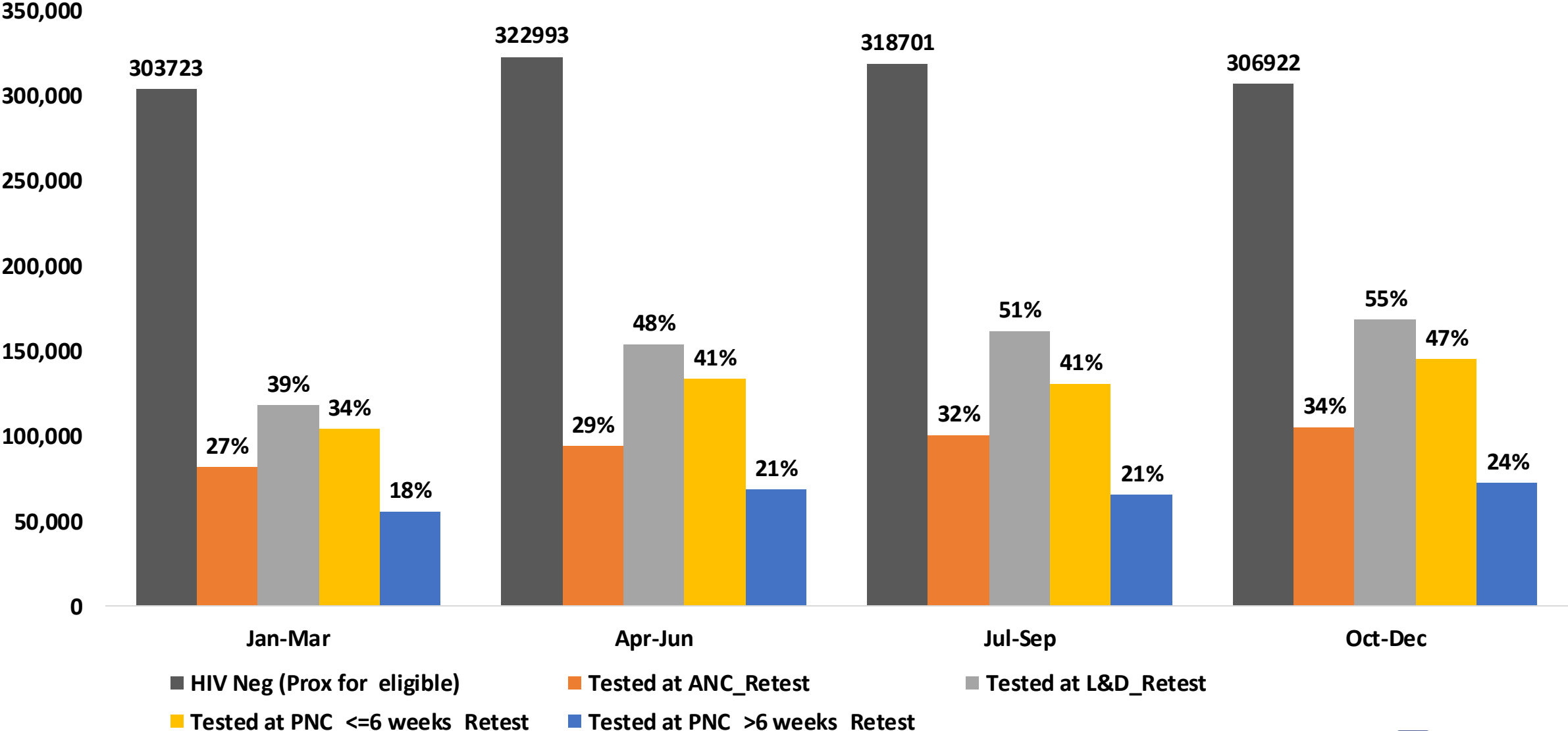
Initial HIV Testing Trend and Contribution at Different Periods, Jan–Dec 2025



Average annual ANC1 testing coverage
83.3%

ANC1 testing contributes majority of testing
>90%

Maternal HIV Retesting Trends, Jan–Dec 2025



Approaches to HIV Retesting for PBFW

Integrate **routine provider-initiated retesting** across the **MCH continuum** (ANC, L&D, PNC, and EPI visits)

Conduct **risk-stratified retesting** during pregnancy and breastfeeding, with emphasis on **high-risk periods**

Synchronize HIV retesting with immunization to improve coverage and reduce missed opportunities

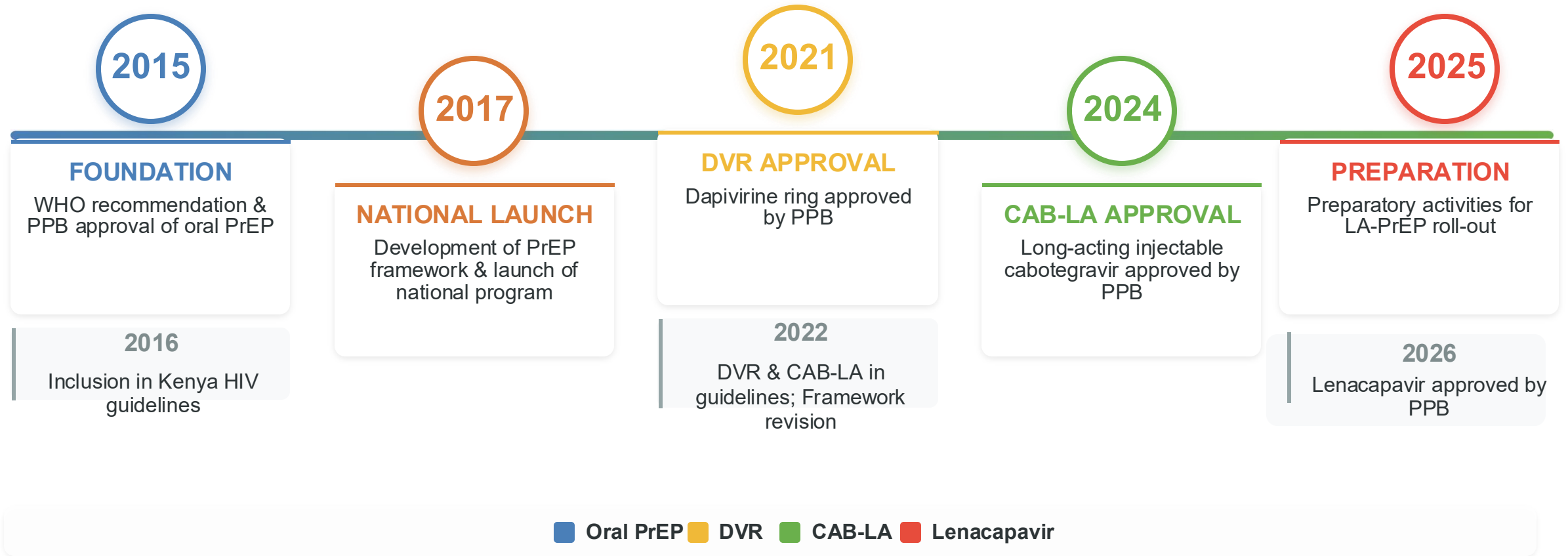
Strengthen longitudinal **tracking of mother-baby pairs** through EMR/KHIS to ensure timely retesting

Incorporate HIV testing services into **integrated outreaches**

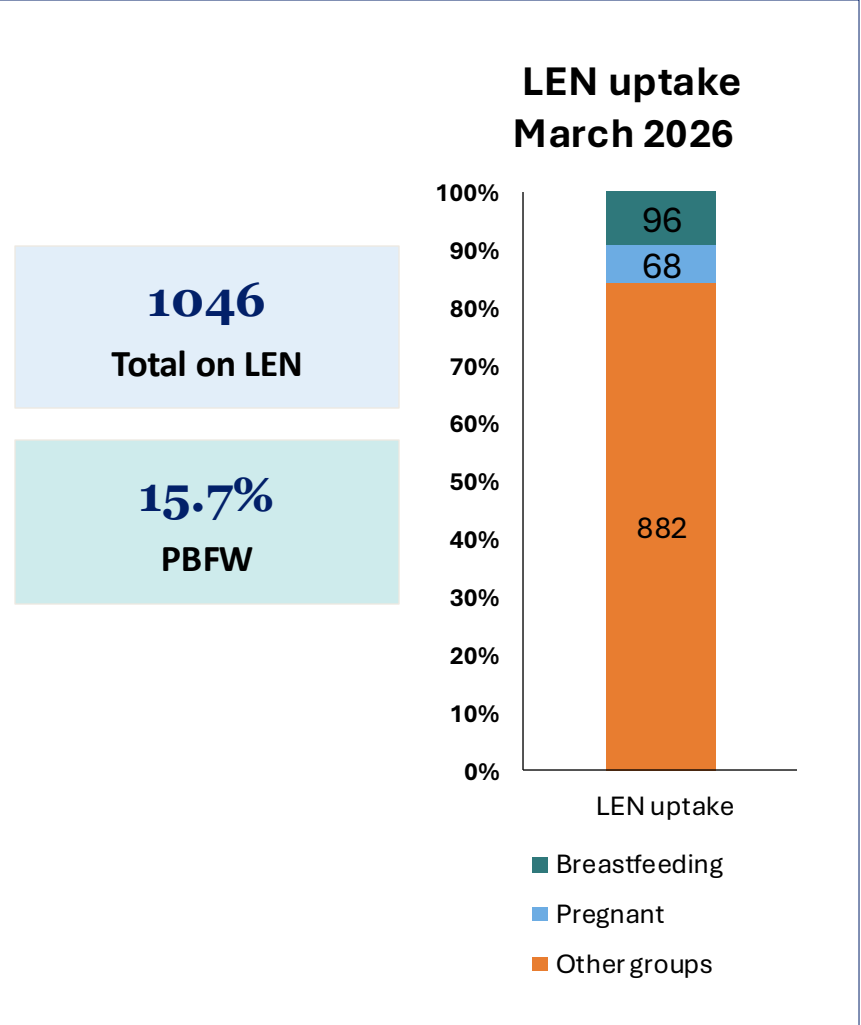
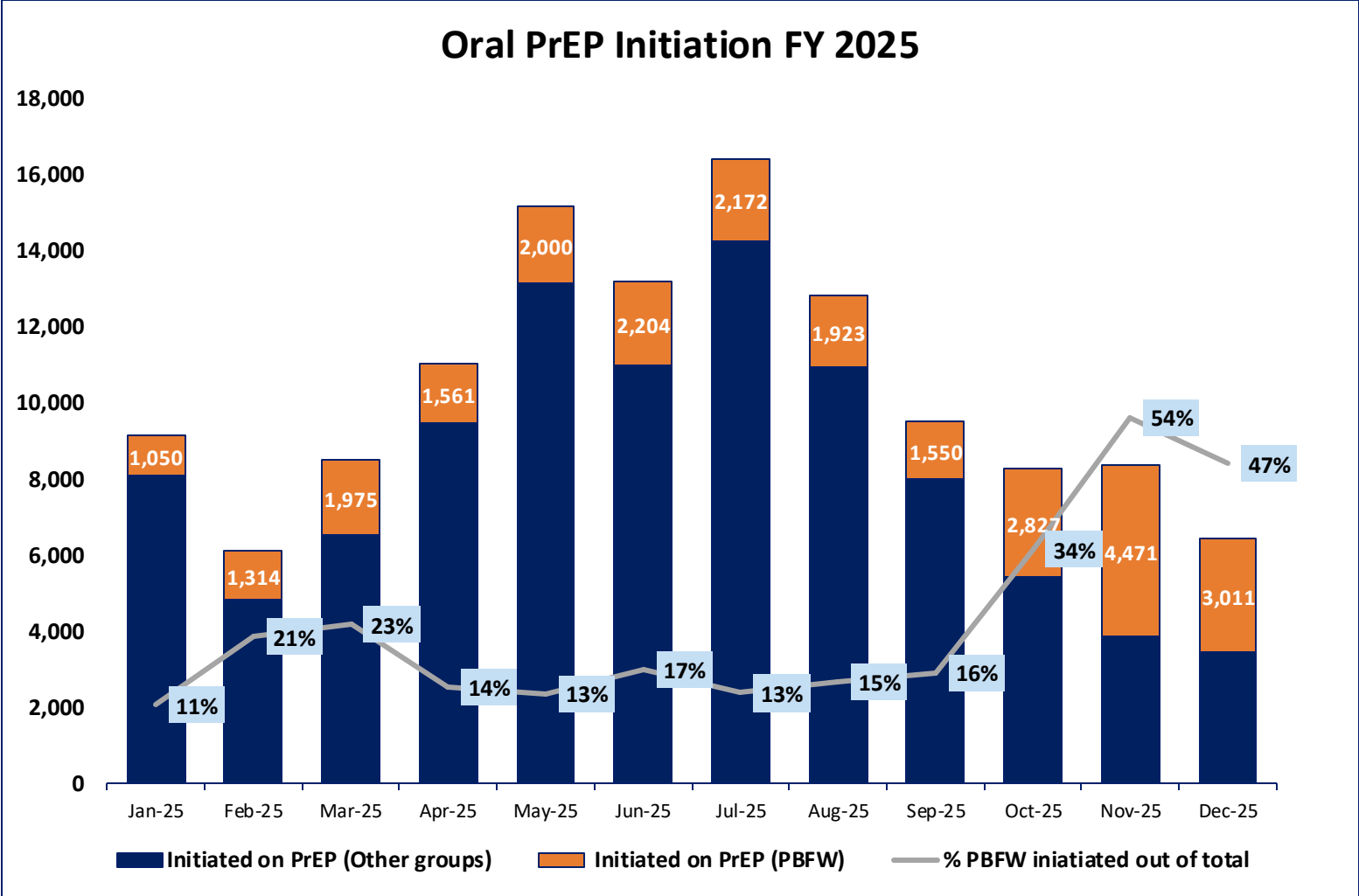
Ensure **follow-up by CHPs** during regular **household visits** and provide **referrals for HIV testing** as needed

Kenya's Journey Towards Comprehensive HIV Prevention

EVOLUTION OF PrEP MODALITIES (2015-2026)



Oral Prep Initiation and Lenacapavir Uptake Among PBFW



LEN in Action: Early Snapshot (March 2026)



- **35 health facilities** are already providing LEN to PBFW
- All reporting is conducted through **EMR systems**
- **Data is disaggregated** by pregnancy and breastfeeding status



PrEP initiations are expected to increase in April as rollout gains momentum



Facility reporting is expected to improve, with more consistent and frequent submission of PrEP data



Demand generation efforts will be strengthened, to target PBFW

Community Engagement in PrEP for PBFW



Leverage Community Health Promoters to identify at-risk women and support follow-up and continuity of PrEP for PBFW



Engage mentor mothers and peer champions to drive demand, support adherence, and reduce stigma



Scale targeted community demand generation, including radio messaging, to reach PBFW and AGYW



Strengthen community facility linkages to improve referral, initiation, and retention on PrEP

Introduction of Long-Acting PrEP (Lenacapavir) for PBFW

The national rollout of Lenacapavir began in February 2026, initially targeting 15 high-burden counties and high facilities with electronic medical records.

Health providers in maternal and child health were trained to offer multiple PrEP options.

LEN is now fully integrated into maternal and child health services in 35 facilities.

Ongoing efforts focus on counseling for choice, generating demand, risk-based PrEP initiation, and identifying PrEP champions.

Strengthening monitoring to improve outcomes for PBFW.

Delivering Differently: Best Practices and Innovations in PrEP for PBFW

PrEP has been integrated into ANC, PNC, and child health services to ensure comprehensive prevention for mothers and infants.

A choice-based prevention approach is offered so women can select the method that best suits their needs.

Community health providers will be engaged to generate demand for PrEP, identify individuals at risk, and provide follow-up support for continued use.

High-incidence counties and populations are prioritized for interventions using data-driven strategies to maximize impact.

Intensify health facility and communities' linkages to ensure that PBFW remain on PrEP and continue prevention services.

Thank You!



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