

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

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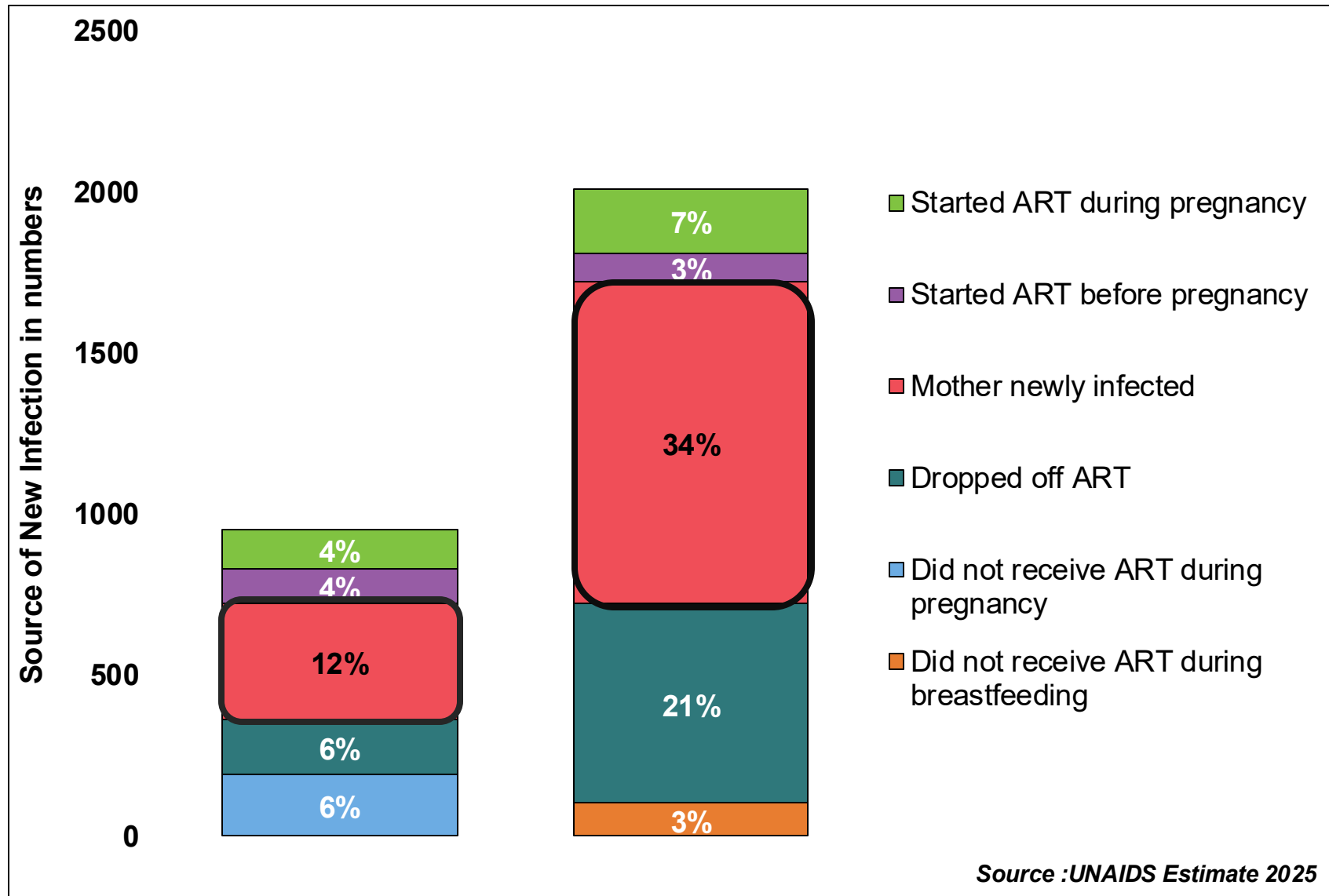
Advancing HIV Prevention and PrEP
for Pregnant and Breastfeeding Women
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HIV
Impact Network for
Vertical Transmission
Elimination



New Pediatric HIV Infections in Zambia



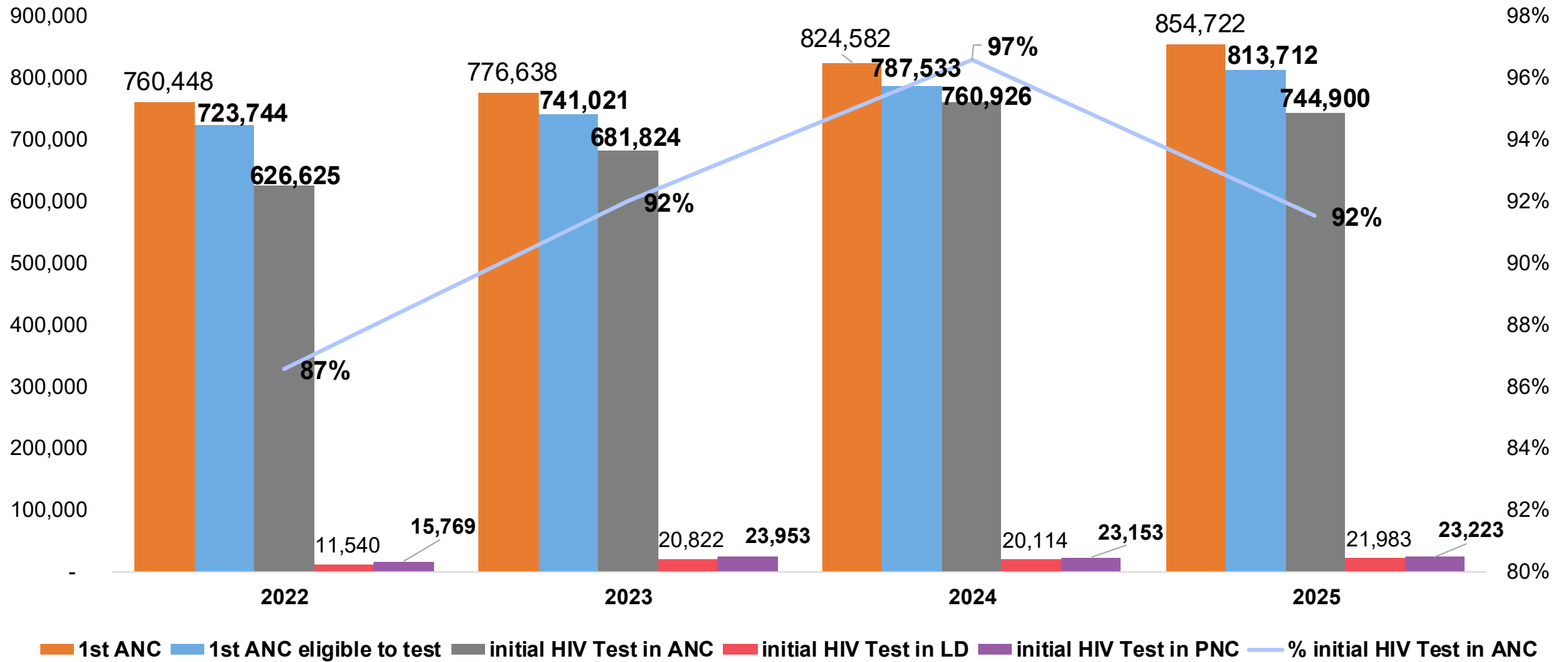
Vertical transmission reduced from 21.3% (2010) → 5.9% (2025), but still above <5% target

46% of vertical transmissions are linked to incident maternal infections during pregnancy and breastfeeding

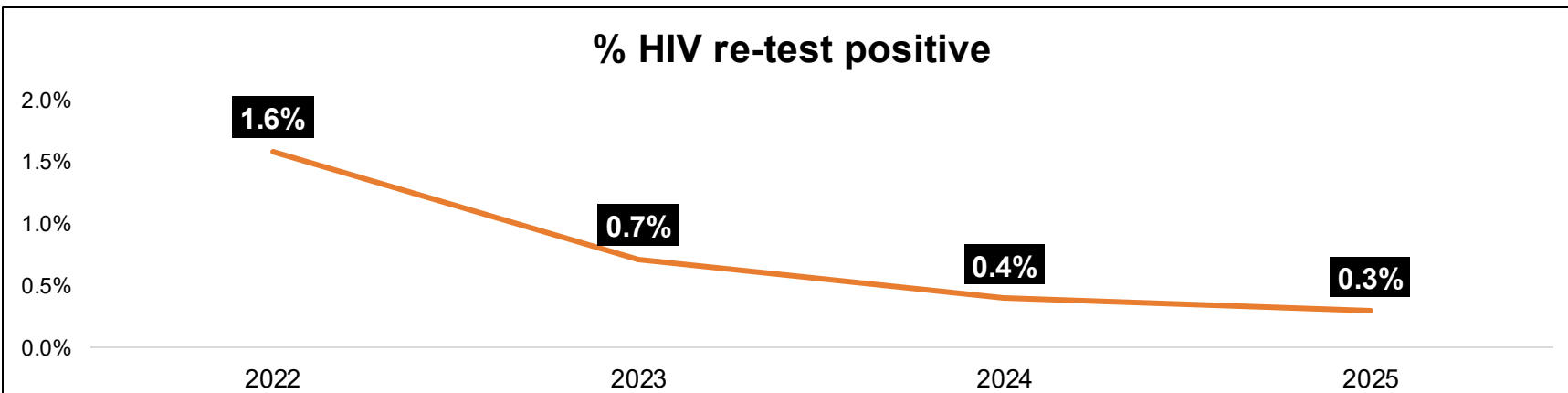
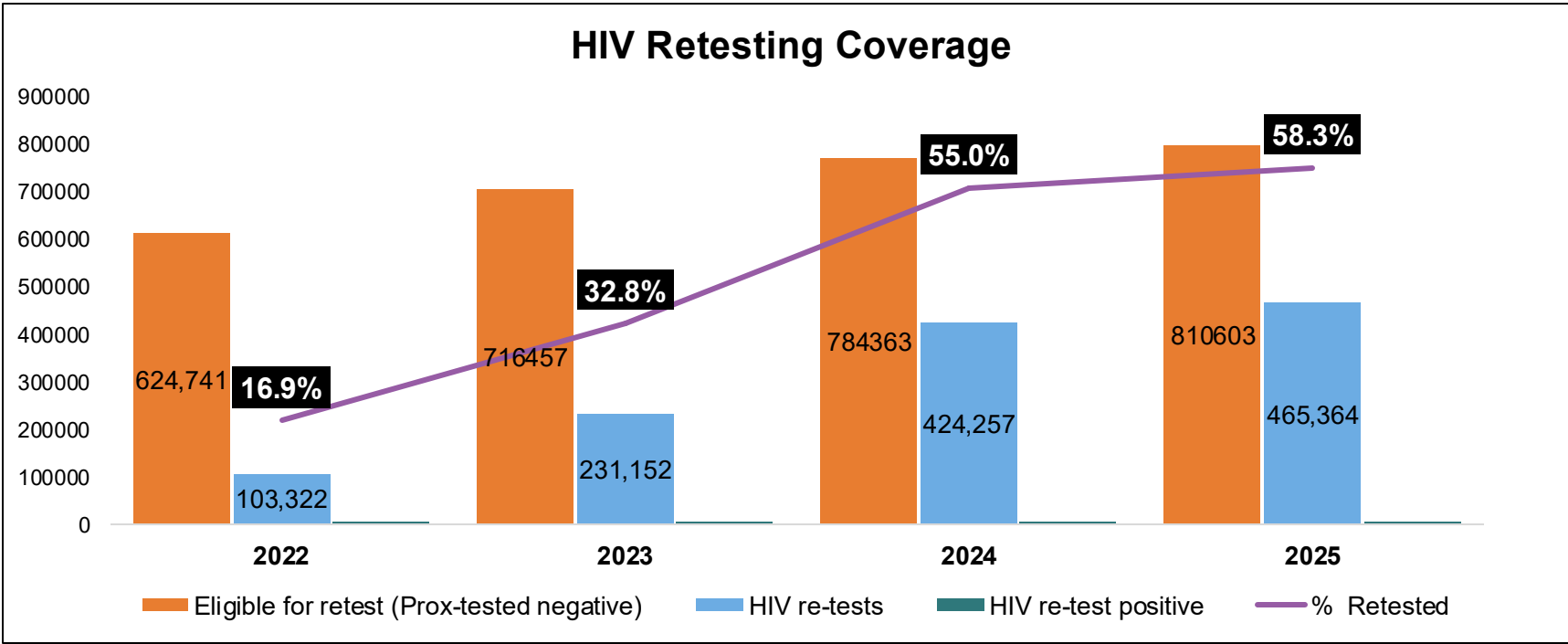
👉 Prevention during pregnancy and breastfeeding is critical to ending pediatric HIV.



Initial Testing, Annual Trends in MCH Services



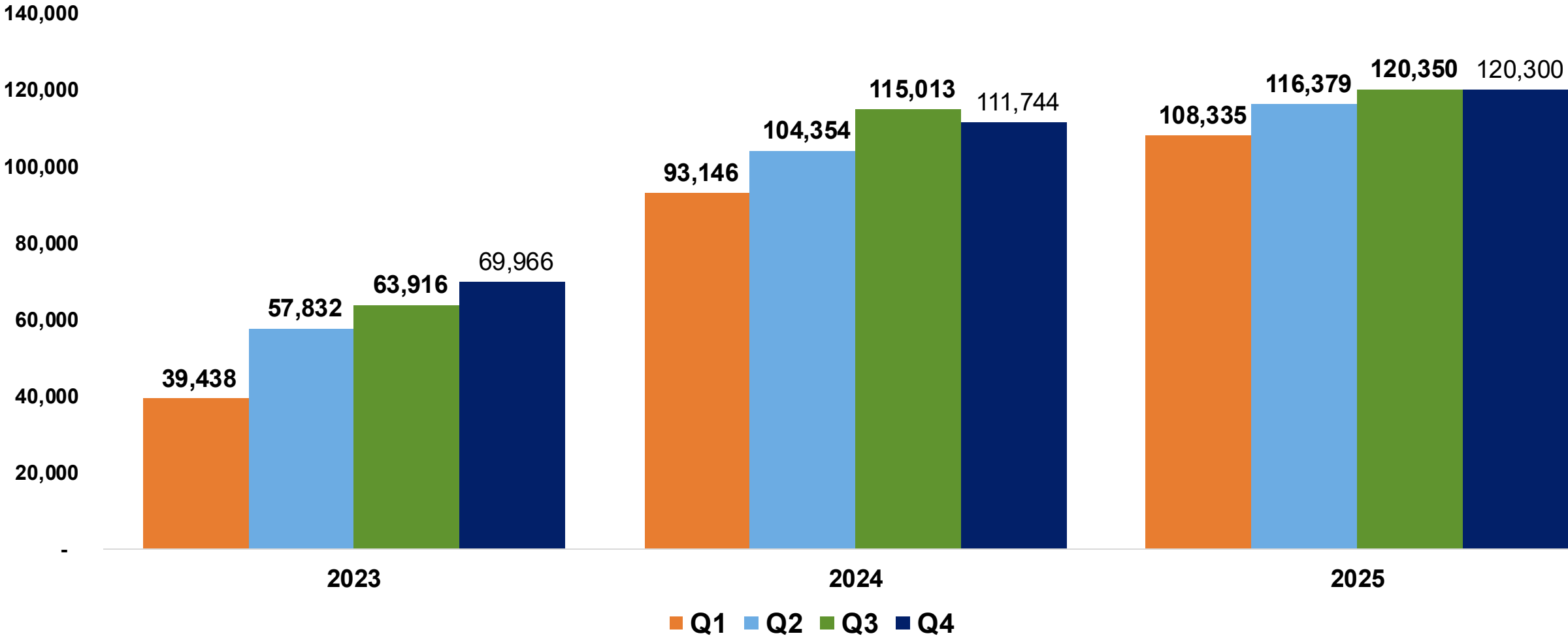
Annual Trends for HIV Retesting (ANC, L&D and PNC)



- HIV re-tests increased over time, highlighting continuous monitoring during pregnancy and breastfeeding
- Declining re-test positivity: lower yield despite higher testing volumes maybe indicative of earlier diagnosis, fewer missed infections, and improved maternal HIV prevention

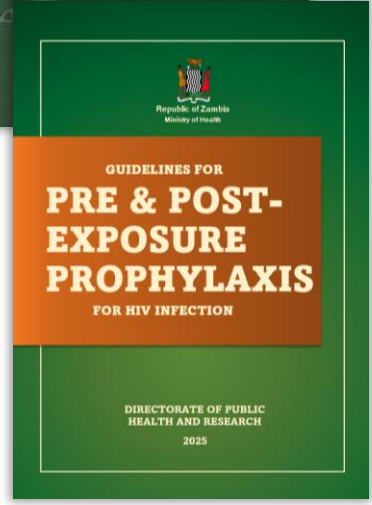
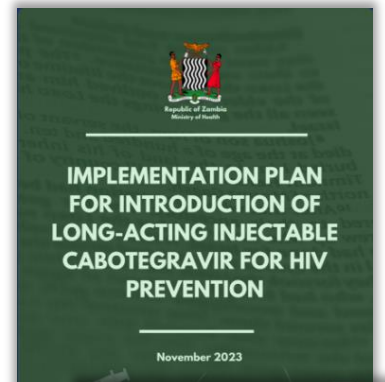
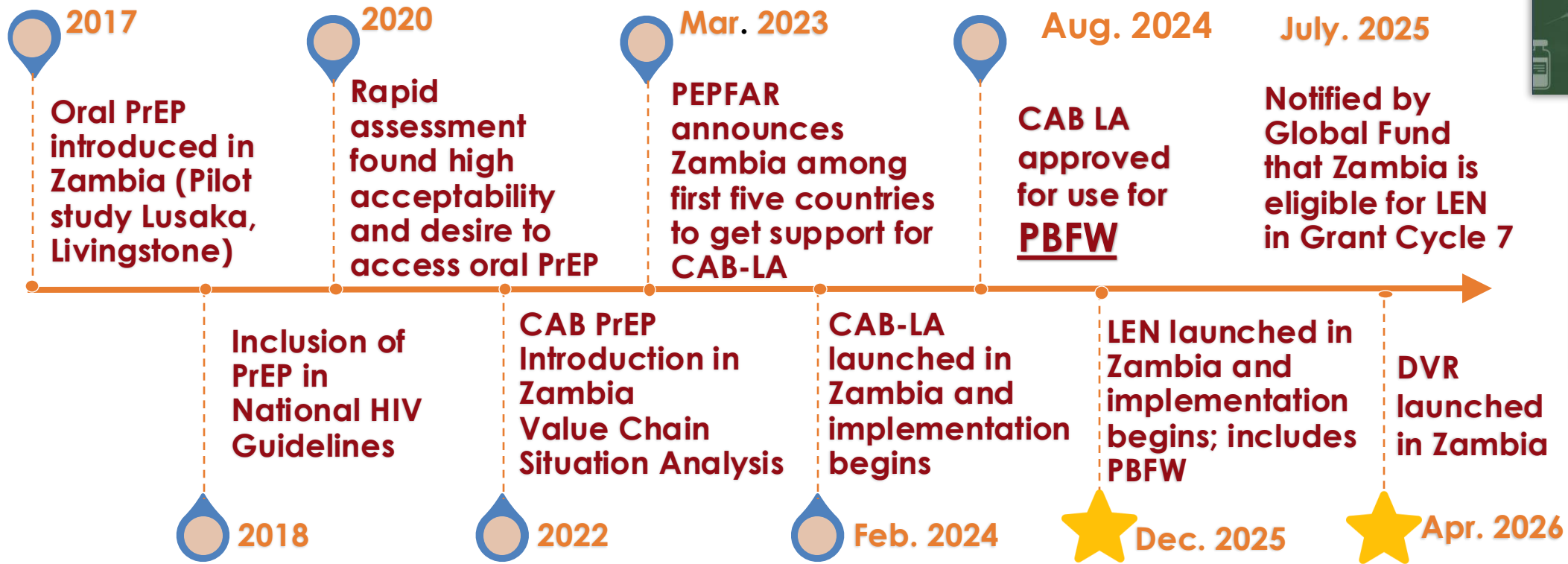


HIV Retests in ANC, LD, PNC & Breastfeeding



PrEP Roll-out in Zambia

Our PrEP Program Journey



Integration of PrEP into MCH Services

PrEP is integrated into the ANC continuum, with eligibility screening and same-day initiation offered at the first MCH contact to promote early access during pregnancy.

Counseling for PrEP is offered during postnatal, well-baby, and immunization visits by providing ongoing counselling and support for sustained protection during breastfeeding.

Coordinated referral and follow-up systems link services across ANC, delivery, and postnatal care to support continuity

Integration models are adapted by facility level to align with service delivery flow and client needs

Demand Generation for PrEP for PBFW

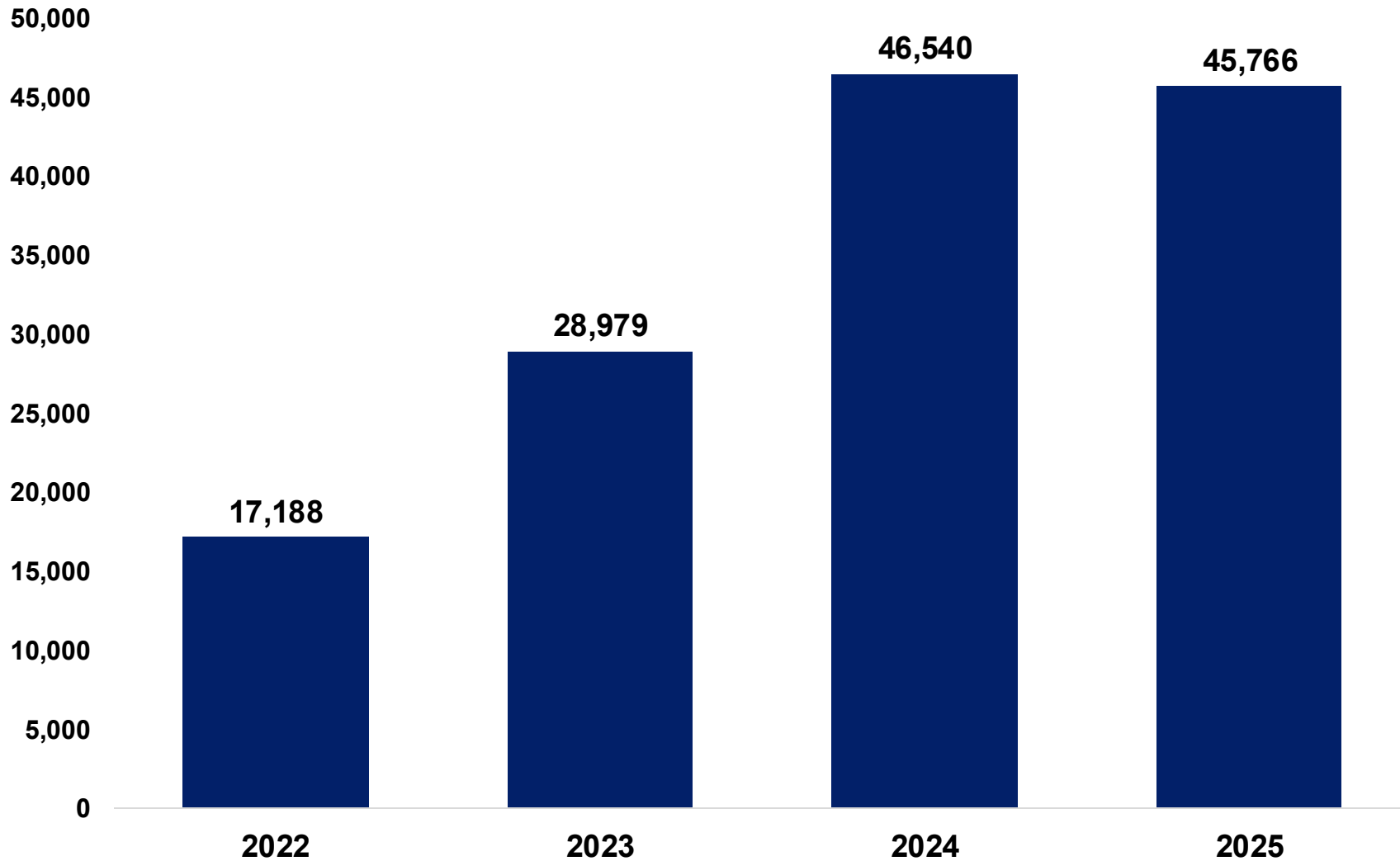
Community Mobilization: Mentor mothers and peer educators drive demand and support uptake among PBFW

Male Partner Engagement: Sensitization at ANC to improve partner support and PrEP acceptance

Faith and Community Engagement: Engagement of community leaders to reduce stigma and normalize PrEP use

Partnership with civil society organizations and recipients of care helps create demand by sharing lived experiences and highlighting the benefits of prevention.

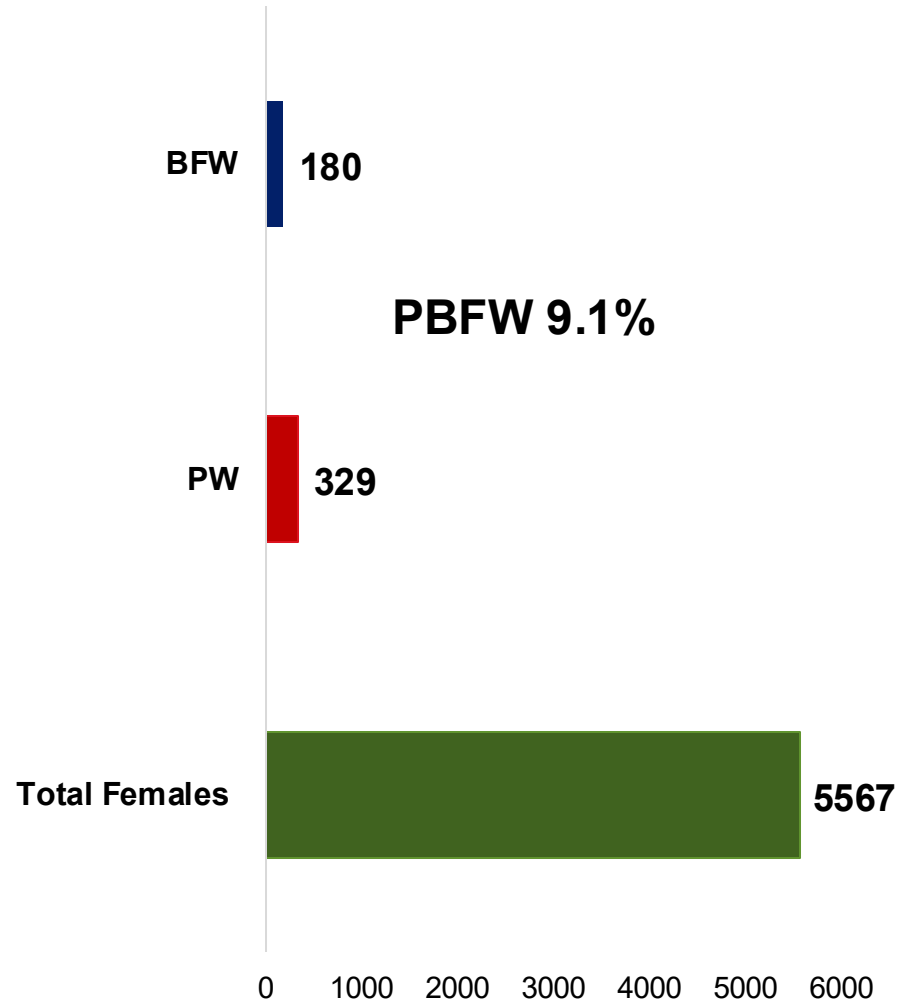
Oral Prep Initiations in MCH



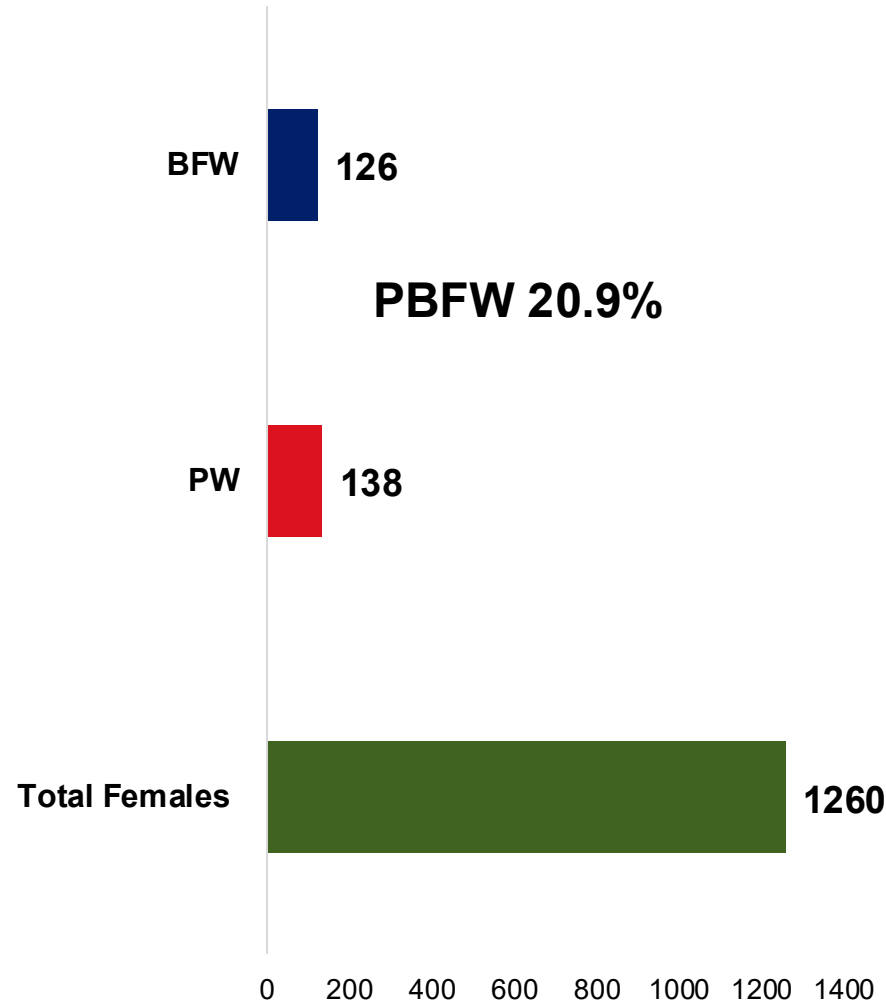
- Oral PrEP remains a cornerstone of HIV prevention for PBFW in Zambia
- Steady increase in initiations, driven by strengthened demand generation and improved service integration

Uptake of Injectable PrEP in PBFW: CAB-LA and LEN

CAB LA Initiations Aug 25- Feb 26



LEN Initiations Dec 25- Mar 26



- Targeting 21,228 LEN initiations and 1,581 continuations for PBFW in 2026
- Expand services to 159 facilities across 52 districts country wide
- High incident, high burden districts and facilities will be prioritized

Barriers to PrEP Uptake and Persistence for PBFW

Service Delivery Barriers

- Misalignment between PrEP and routine MCH visits, leading to multiple facility trips
- Facility-based delivery increases time and travel burden for mothers
- Weak integration between HIV prevention and MCH services results in fragmented care

Data & Monitoring Gaps

- Limited disaggregation in M&E systems masks the risk profiles of PBFW
- Challenges in longitudinal tracking of mother–baby pairs across the breastfeeding period
- Gaps in integrating PrEP data into MCH platforms hinder continuity of care

Individual & Social Barriers

- Concerns about infant safety and ARV exposure
- Low perception of HIV risk during pregnancy and breastfeeding
- Stigma associated with PrEP use
- Daily oral PrEP does not align with postpartum demands

Youth-Specific Challenges

- Consent policies limit access for adolescents
- Lack of adolescent-friendly services discourages uptake
- Higher HIV risk among AGYW, driven by vulnerability and partner dynamics

Innovations and Best Practices in PrEP Delivery

Integrated, multi-cadre delivery model where mentor mothers, counsellors, nurses, and clinicians support PrEP initiation, adherence, and retention across MCH services

Couple-centered prevention approach linking ART for HIV-positive partners with PrEP for HIV-negative PFW to strengthen prevention within sero-discordant relationships

Targeted demand generation and IEC materials for PFW, addressing fears, myths, and low risk perception during pregnancy and breastfeeding

Stakeholder and community engagement (including CSOs) to drive demand creation and normalize PrEP use

Strengthening systems for scale-up, including ongoing provider capacity building and transition to integrated digital reporting (DHIS2) to reduce documentation burden

Faith-based and community leader engagement to reduce stigma and normalize PrEP use during pregnancy and breastfeeding.

Local gatekeepers mobilized as champions for PFW acceptance of PrEP.

Thank You!

