

Eliminating Maternal HIV: Optimizing M&E Systems in the Era of Diverse PrEP Options

Framing Remarks

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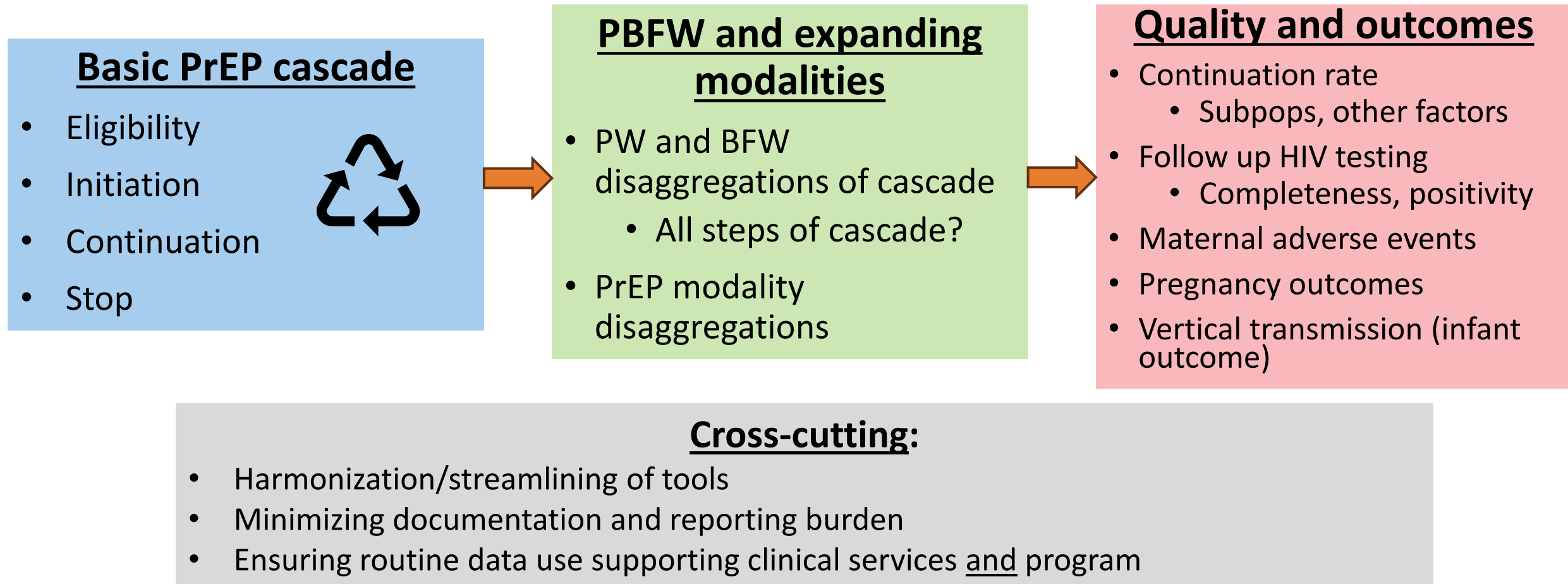
Advancing HIV Prevention and PrEP
for Pregnant and Breastfeeding Women
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HIV
Impact Network for
Vertical Transmission
Elimination



Recap: M&E Framework for Monitoring of PrEP Services for Pregnant and Breastfeeding Women (PBFW)



Stronger and more intentional data → better program decisions → reduced maternal HIV acquisition

M&E Framework for Monitoring of PrEP Services for PBFW

M&E Framework for Monitoring of PrEP Services for Pregnant and Breastfeeding Women (PBFW)

1. PrEP Cascade – Eligibility, Initiation, Continuation & Stop

No.	Measure	Clinic Record Type	Numerator	Denominator	Data Source	Sample	Data Use	Reporting Frequency	Disaggregations	How To Use
1.1	Percentage of PBFW screened for PrEP eligibility	Paper and electronic	# of PBFW attending ANC/PNC who were screened for PrEP eligibility during the reporting period	# of PBFW attending ANC/PNC during the reporting period	Routinely-reported aggregate data	All facilities	National/program/facility M&E	Quarterly	By PW vs BFW; by facility level and region	Screening coverage is the entry point of the cascade. Tracking this indicator identifies gaps at the facility level where women are not being offered PrEP discussions. Can be used to drive QI activities for healthcare worker training. Note: This indicator should only be reported in settings where pregnant and breastfeeding women (PBFW) are screened to
1.2	Percentage of PBFW found eligible for PrEP	Paper and electronic	# of PBFW determined eligible for PrEP (HIV-negative, willing, no contraindications) during the reporting period	# of PBFW screened for PrEP eligibility	Routinely-reported aggregate data	All facilities	National/program/facility M&E	Quarterly	By PW vs BFW; by facility level and region	Eligibility rates reveal the burden of PrEP need. Comparing eligibility across facilities and regions can highlight populations with highest unmet prevention need.
1.3	PrEP Uptake: Percentage of PBFW newly initiated on PrEP	Paper and electronic	# of PBFW who initiated PrEP and received their first PrEP prescription or dose during the reporting period.	# of PBFW determined eligible for PrEP during the reporting period	Routinely-reported aggregate data	All facilities	National/program/facility M&E; Reporting to funder	Quarterly	By PW vs BFW; by PrEP modality (daily oral, CAB-LA, LEN); by facility level and region	Initiation rate (1.3/1.2) is a key cascade measure. Low initiation despite high eligibility signals counseling or supply chain barriers. Disaggregation by modality tracks uptake of new long-acting options.
1.4	PrEP Coverage:	Paper and electronic	Number of pregnant and breastfeeding women who	Total number of pregnant and breastfeeding women	Routinely-reported aggregate data	All facilities	National/program/	Quarterly	By PW vs BFW; by PrEP modality (daily oral, CAB-	

1. PrEP Cascade

2. HIV Testing and followup

3. Maternal & Preg Outcomes

4. Qua

Four different 'domains' in alignment with the conceptual framework: 1. PrEP cascade 2) HIV testing and follow up 3) Maternal and Pregnancy Outcomes 4) Quality and Systems

Importance of Routine Monitoring for PrEP for PBFW

Robust targets for PW, BFW mean that we will need robust measures to monitor uptake, retention, safety, impact and ensure they do not slip through the cracks!

Why Routine Monitoring is Essential

Assess PrEP uptake and effective use among priority populations

Monitor safety among pregnant & breastfeeding women on PrEP

Forecast demand and ensure uninterrupted commodity supply

Support early identification of adverse events and toxicity

Inform programme improvement and scale-up decisions

UPTAKE



Track who initiates PrEP and when

RETENTION



Follow continuation at 3, 6, 12 months

SAFETY



Monitor adverse events & toxicity signals

IMPACT



Link PrEP use to HIV outcomes

And disaggregation of PW and BFW is critical to ensure they are being reached as there are very different contexts for care for both populations!

Some additional thoughts...

- Are we aligned on **core indicators** for PrEP among PBFW across ANC, maternity, and postnatal platforms?
- Are we thinking critically about **what the postnatal period entails** and how **breastfeeding women are being classified**?
- For VTP prevention, **postpartum continuation may be more critical** than initiation, which brings us to **MCH patient data flow**—where are the gaps? What are we missing and how do we reduce documentation burden simultaneously?
- **How will we meet the demands of breastfeeding women in other service delivery points?** Cervical cancer screening? Family planning visits?
- **LEN implementation:** What are new documentation and reporting needs? Tools adaptation (EMR, paper, etc.), updating of registers, reports, etc.
- How can we **consolidate different reporting and monitoring systems** for monitoring PrEP for PW and BFW?

Thank you!



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