

Prevention in Practice: Country 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



Preventing Maternal HIV Infections: Nigeria's Opportunity to Close the Pediatric HIV Gap

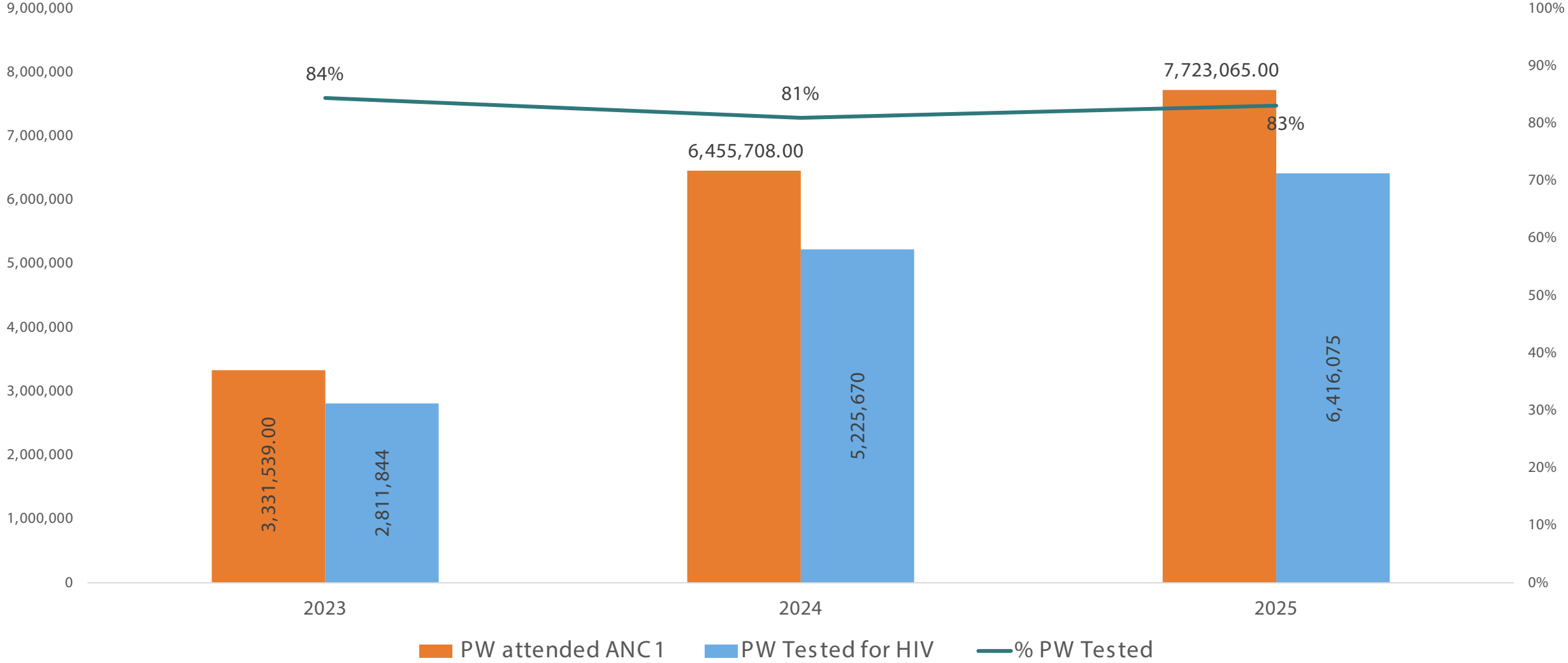
Vertical transmission rate of HIV is 7.9% at 6 weeks and final transmission through breastfeeding 16.95%

Late ANC attendance and no ANC attendance is a key driver of pediatric HIV

Oral PrEP (TDF +3TC) is the primary prevention option currently available for at risk HIV negative PBFW, delivered through integrated MCH services.

Strong HIV testing platforms in ANC with over 1.5 million women tested every quarter and ongoing retesting provide a major opportunity to identify HIV-negative pregnant women and link them to prevention services

HIV Testing Trends At ANC 1



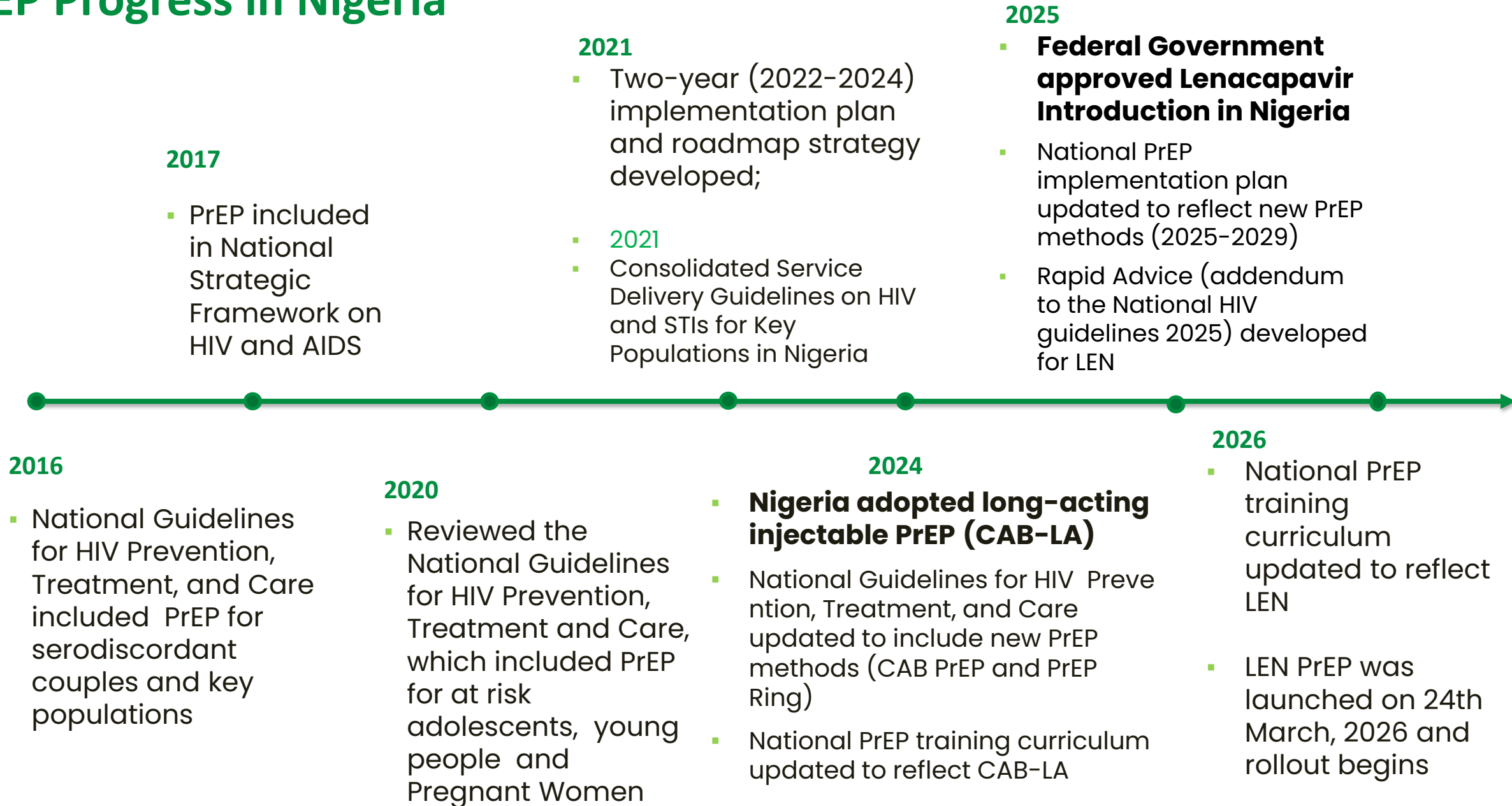
HIV Retesting Among Pregnant Women 2024 & 2025

Year	Eligible for Retest (proxy)	Number of pregnant women retested after initial HIV negative test	Number of pregnant women retested who seroconverted to HIV positive after initial HIV negative test	% Retested
2024	4,841,781	39,378	2,478	6.29%
2025	5,792,299	44,007	257	0.58%

- Retesting is offered in
 - ANC 3rd trimester
 - Labor and delivery
 - 6 weeks postnatally
- HIV retesting services are mainly offered within health facilities



PrEP Progress in Nigeria



PrEP for PBFW in Nigeria: Current Status



Oral PrEP (TDF+3TC) is the preferred first-line option for at risk pregnant and breastfeeding



52 health facilities are reporting oral for at risk PBFW



Updated national guidelines (2024) include long-acting PrEP (CAB-LA, LEN), with recent LEN rapid advice (2025) for all populations.



Adapted training materials and provider tools such as job aids, IEC materials and SOPs to support rollout



Women who conceive on injectable PrEP can continue or transition to oral PrEP based on clinical guidance and client choice

PrEP Screening, Eligibility, and Service Delivery

PRE AND POST EXPOSURE PROPHYLAXIS SCREENING AND ELIGIBILITY FORM (PrEP & PEP)

State: _____ LGA: _____ Facility Name: _____
 Referred From: _____ (Self, Counselor, Peer, Others - specify) _____ Date of Visit DD / MM / YYYY
 Setting: _____ (CT, TB, STI, FP, OPD, Ward, Outreach, Standalone HTS, others) _____ Date of Birth DD / MM / YYYY
 Client's Name: _____ Age: _____ Sex: [M] [F] Visit Type: _____
 Unique Client ID: _____ Population Type: _____ Occupation: _____
 State of Residence: _____ LGA of Residence: _____ Education Level: _____
 Marital Status: _____ No. of Own Children <5 years [] _____
 Client's HTS Code: _____ Client's Telephone Number: _____
(For Client's Code, use serial No. / month/year. For example, 0001/06/15 implies client 001 in June 2015)

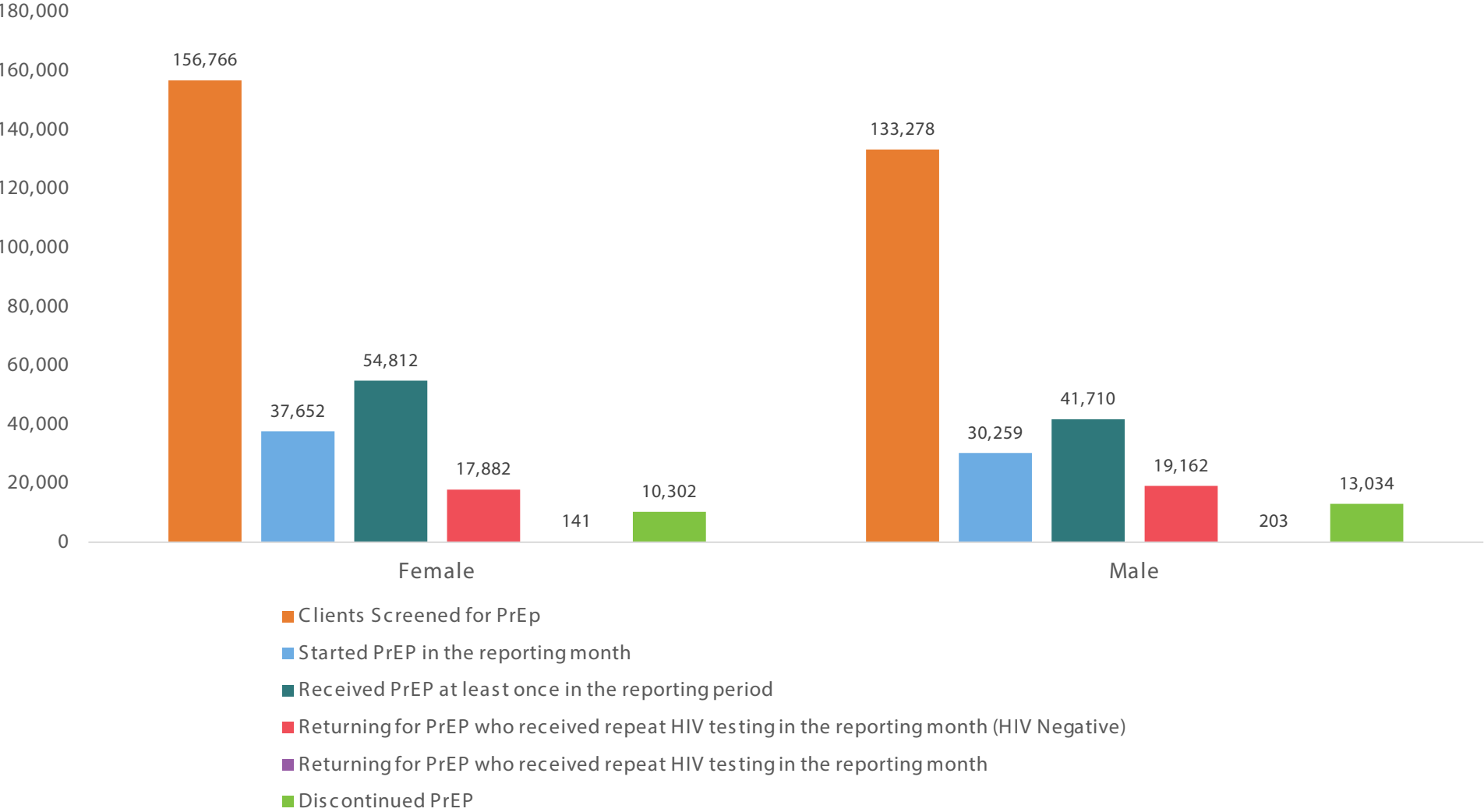
Weight _____ (kg) Type of Session: [Individual] [Couple] Sex Partners: [Male] [Female] [Both] **Pregnancy Status:** [P] [BF] [NP]

Pre-Test Counseling/Risk Assessment
 MARK with "X" where it applies, [0] = No, [1] = Yes

A: Sex Partner Risk (Last 3 Months)		B: Personal HIV Risk Assessment (Last 3 Months)	
Have you had sex with a partner who:		Unprotected Vaginal sex with casual partner.	[0] [1]
Is HIV positive?	[0] [1]	Unprotected Anal sex	[0] [1]
Injects/use drugs	[0] [1]	Shared needles/injecting materials	[0] [1]
Has sex with men?	[0] [1]	More than 1 sex partner	[0] [1]
Is a transgender?	[0] [1]	Have you paid or been paid for sex in the last 3 months?	[0] [1]
Has sex with multiple partners without condoms	[0] [1]		
C: Drug Use History (Last 3 Months)		Calculate the sum of sections A and B above) Risk Score: <input type="text"/>	
i. Do you use any of these drugs/substances?		F: STI Screening	
Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Marijuana <input type="checkbox"/> Amphetamine <input type="checkbox"/> Codeine/Syrup <input type="checkbox"/>		Female: Complaints of vaginal discharge or burning	[0] [1]
Others <input type="checkbox"/> (specify) _____		Female: Complaints of lower abdominal pains with or without vaginal discharge?	[0] [1]
Route of administration for selection (select all that apply):		Male: Complaints of urethral discharge or burning when	[0] [1]
Inject <input type="checkbox"/>	Sniff <input type="checkbox"/>	Male: Complaints of scrotal swelling and pain	[0] [1]
Snort <input type="checkbox"/>	Smoke <input type="checkbox"/>		
ii. Have you used drugs to enhance sexual performance?		Genital sore(s) with or without pain?	[0] [1]
	[0] [1]	Swollen inguinal lymph nodes with or without pain?	[0] [1]
D: Assessment for PEP Indication			
In the past 72 hours, have you had sex without a condom with someone whose HIV status is positive or unknown to you			[0] [1]
Have you shared injection equipment like needles with someone whose HIV status is			[0] [1]

Population Type	Visit Type
1. Serodiscordant couples (SDC)	1. Initiation
2. Sex workers	2. Second Initiation
3. Partners of sex workers	3. Refill / Re-Injection
4. Injecting drug users	4. Method Switch
5. Individuals who engage in anal sex	5. Restart
6. Exposed adolescents and young people	6. Transfer In
7. Transgender	7. No PrEP Provided
8. Other population	8. Discontinuation
9. At risk Pregnant & Breastfeeding Women	9. Discontinuation Follow-up

Oral Prep data, all Populations – 2025



- PrEP data for the year 2025 is not disaggregated by PBFW.
- M&E tools have been updated to capture PBFW in 2026 reporting

Revised Register to Capture PBFW Data



PRE AND POST EXPOSURE PROPHYLAXIS (PrEP/PEP) REGISTER

A1 A2 A3 A4 A5 A6 A7 A8 A9 A10 A11 A12 A13 A14 A15 A16 A17 A18 A19 A20 A21 A22 A23 A24 A25 A26 A27 A28 A29 A30 A31 A32 A33 A34

FACILITY NAME: _____ LGA: _____ State: _____
 Mark 'X' Where Appropriate

REGISTRATION AND PERSONAL INFORMATION														Status at Start (MONTH 0)						EARLY HIV DETECTION			1st Follow Up Visit				2nd Follow Up Visit														
SN	Hospital No.	Client ID	Enrollment Type (mark)		Start Date (dd/mm/yyyy)	Client's Name in Full		Address (Descriptive)	Sex (M/F)	Population Type	Pregnancy Status (See codes)	Date of birth (dd/mm/yyyy)	Age	Partner ANC/Unique ART No.	Transfer in	HIV Test result		Weight (kg)	Height (m)	BMI (kg/m ²)	Presence of STI	Receive PrEP for the first time this year		Visit Type	PrEP Type	PrEP Regimen (see codes)	Months of Refill	Suspected Acute Infection (Mark 'X')	Viral Load Result		HIV Test result		Pregnancy Status	Adherence	STI Presence	Proteinuria	Visit Type	PrEP Type	Months of Refill	HIV Test result	Pregnancy
			PrEP	PEP		Upper space: Surname	Lower space: Other Names									Neg	Pos					Y	N						Target Detected/Not Detected	Date of Viral Load Result (dd/mm/yyyy)	Neg	Pos									
Total																																									

- Population Type**
1. Serodiscordant Couples(SDC)
 2. Sex Workers
 3. Partners of Sex workers
 4. Injecting Drug Users
 5. Individuals who engage in anal sex on a prolonged and regular basis
 6. Exposed adolescents and young people
 7. Transgender
 8. At risk Pregnant & Breastfeeding Women
 9. Other population

- Pregnancy Status**
1. Pregnant
 2. Breast Feeding
 3. Non - Pregnant

- Visit Type**
1. Initiation
 2. Second Initiation
 3. Refill / Re-injection
 4. Method Switch
 5. Restart
 6. Transfer In
 7. No PrEP Provided
 8. Discontinuation
 9. Discontinuation Follow-up

- PrEP Type**
- 1 = Oral
 - 2 = Injectable
 - 3 = Ring
 - 4 = Others

- PrEP Regimen**
1. TDF/FTC
 2. TDF/3TC
 3. Cabotegravir
 4. Lenacapavir

Level of Adherence
 Estimate adherence for twice daily ART using the following table:
 % Missed doses per month

G (Good) ≥ 95%	≤ 3 doses
F (Fair) 85-94%	4-8 doses
P (Poor) < 85%	≥ 9 doses

- Syndromic STI Screening**
1. Urethral discharge
 2. Genital Ulcers
 3. Vaginal discharge
 4. Lower Abdominal Pain
 5. Scrotal Swelling
 6. Anal Warts
 7. Genital Warts

- Reason for Discontinuation**
1. Dead
 2. Stopped
 3. Seroconverted
 4. Transfer out
 5. Loss to follow up
 6. Adverse drug reaction
 7. No longer at substantial



Revised Monthly summary form to capture PBFW



PrEP & PEP Monthly Summary Form

Facility	<input type="text"/>	Month	<input type="text"/>
LGA	<input type="text"/>	Year	<input type="text"/>
State	<input type="text"/>	Reporting	<input type="text"/>

S/N	Indicators	Male					Female				Total
		<15	15-24	25-49	50+		<15	15-	25-	50+	
1	No. of individuals who were eligible for PrEP in the reporting month										
	Serodiscordant Couples(SDC)										
	Sex Workers										
	Injecting Drug Users										
	Individuals who engage in anal sex on a prolonged and regular basis										
	Exposed adolescents and young people										
	Transgender										
	At risk Pregnant & Breastfeeding Women										
	Other population										

Community Engagement in PrEP for PBFW

At Facility Level

1. Use of peer-to-peer approaches like mentor Mothers to create awareness in ANC clinics
2. Health talks during ANC clinics on availability for oral prep for prevention

Demand Creation & Follow Up

1. Collaborating with CSOs including NEPWHAN, ASWHAN
2. Community consultation and involvement

For Tracking Clients

1. Use of case managers
2. Use of appointment diaries and line listing clients for follow up by case managers

Innovations and best Practices in the Delivery of Oral PrEP for PBFW

Integrated delivery: PrEP embedded within ANC/PNC and PMTCT services

Risk-based screening + client choice: Assess HIV risk and offer PrEP through both provider-initiated and client-driven approaches

Implementation of outreach models to support demand creation, client adherence, and follow-up

Expanding beyond ANC to immunization, OPD, inpatient

Aligned with ANC/immunization visits to improve retention

Thank You!

