

Advancing PrEP for Pregnant and Breastfeeding Women in Mozambique

Maira Marra Maibaze, MoH

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



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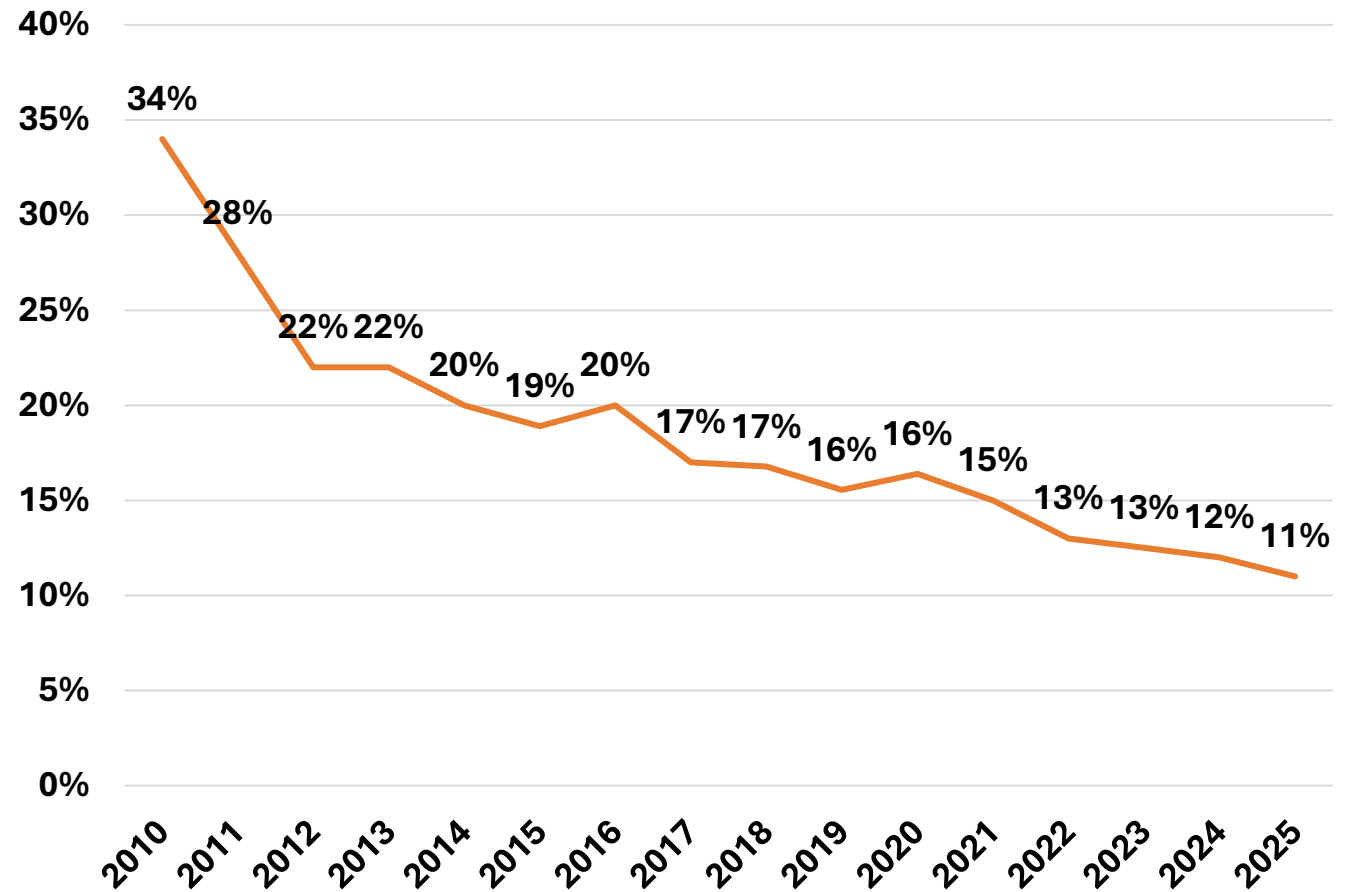
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Country Overview

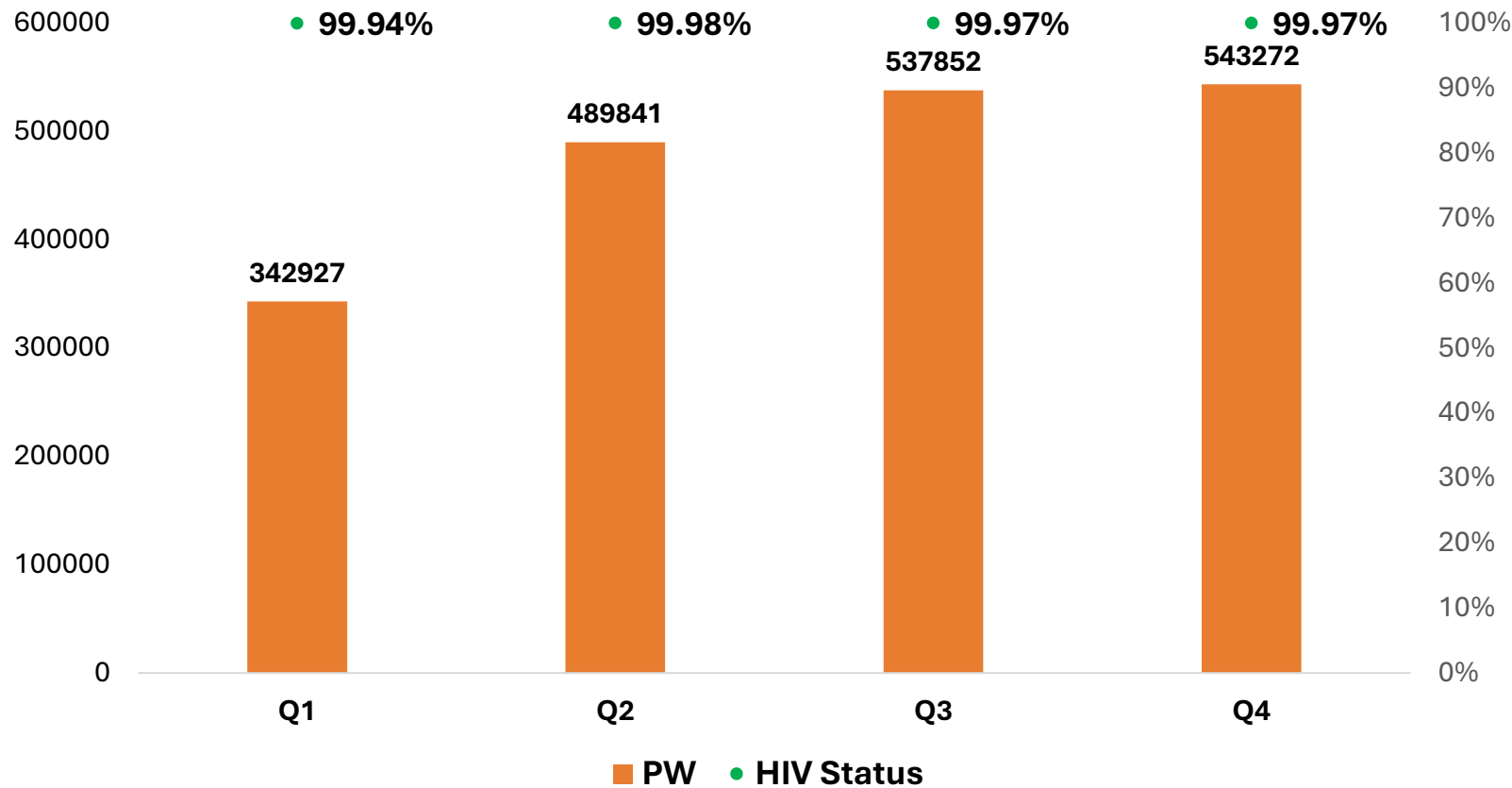
- ➔ ANC provides a strong platform for HIV testing and treatment
- ➔ In 2025, 2,144,767 PW were registered at ANC (95% were HIV negative)
- ➔ However, HIV risk and transmission persist across pregnancy and breastfeeding:
 - 12% MTCT
 - 16,000 new pediatric infections
- ➔ Repeat testing, prevention counseling, and timely PrEP delivery are still not consistently achieved
- ➔ Opportunities to prevent maternal infection and vertical transmission are still being missed

Trend in HIV Vertical Transmission Rate



HIV Testing: Strong in ANC, Gaps during Postpartum Period

HIV status awareness among PW at ANC (2025)



Pregnant Women (PW)

- 5% of women initiating ANC were living with HIV
- 70% PW living with HIV were aware of their status and already on ART before initiating ANC

Breastfeeding Women (BFW)

- BFW retest quarterly up to 9 months postpartum
- Retesting mainly conducted in healthy child consultations
- Missed opportunities due to shortage of trained providers, high service demand and lack of privacy

PrEP Overview

PrEP Coverage

887 HFAs (61% of all HFAs with PMTCT services)



PrEP Options

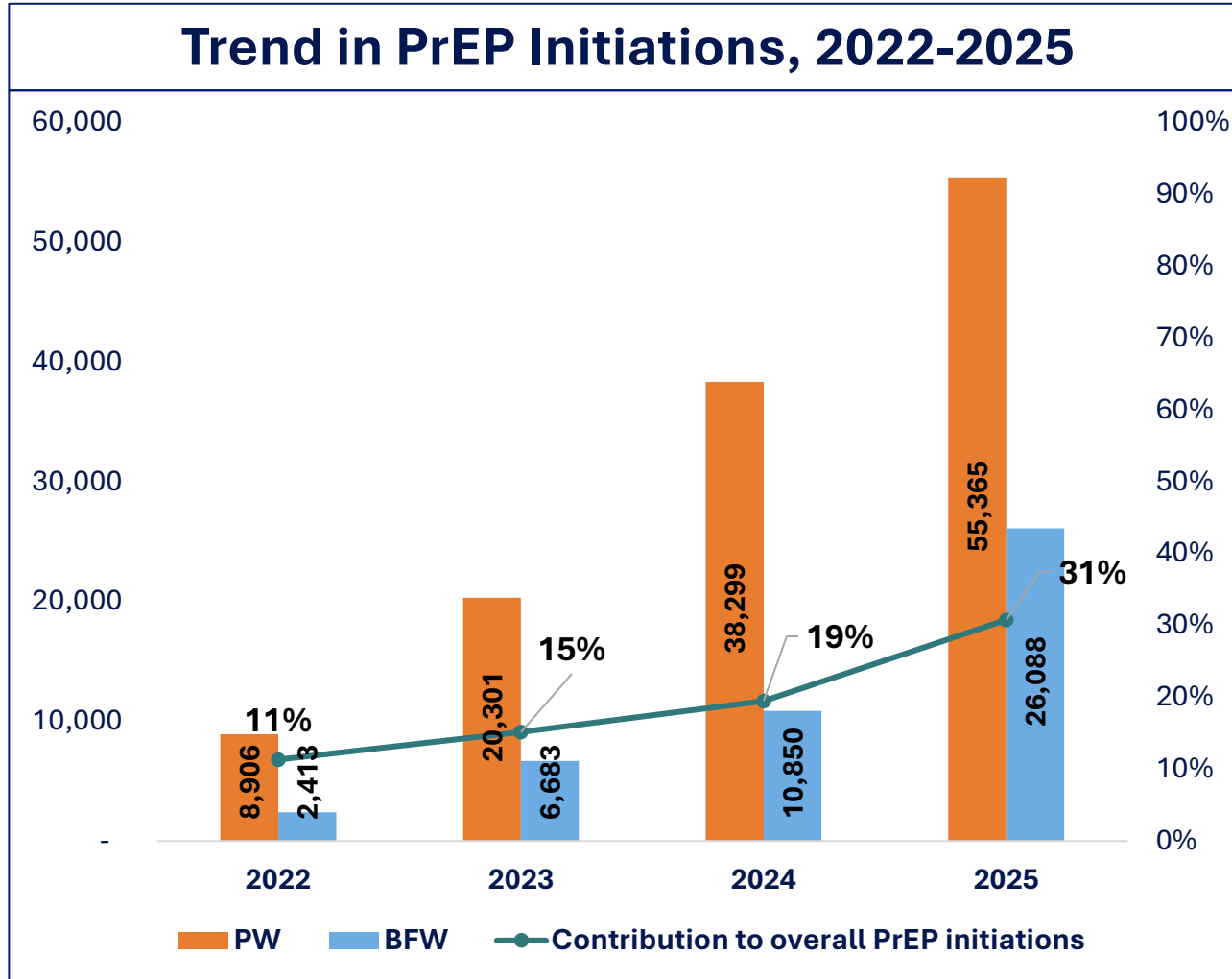
Oral (TL)
Injectable (CAB-LA pilot;
LEN to be introduced)
Dapivirine vaginal ring pilot



Target groups

- ✓ Negative partner of a Sero discordant couple
- ✓ Adolescents and young people
- ✓ Key populations
- ✓ **Pregnant and breastfeeding women at risk**
- ✓ Vulnerable populations
- ✓ Clients of sex workers, sexual partners of IDUs, displaced persons
- ✓ People diagnosed with STIs, recent use of PPE due to sexual exposure or with more than one sexual partner
- ✓ **Anyone who considers themselves at risk and requests PrEP**

PrEP in PBFW: Performance Gains



Uptake Increased

- Rapid increase in PrEP uptake among PBFW
- Increasing contribution to total PrEP initiations

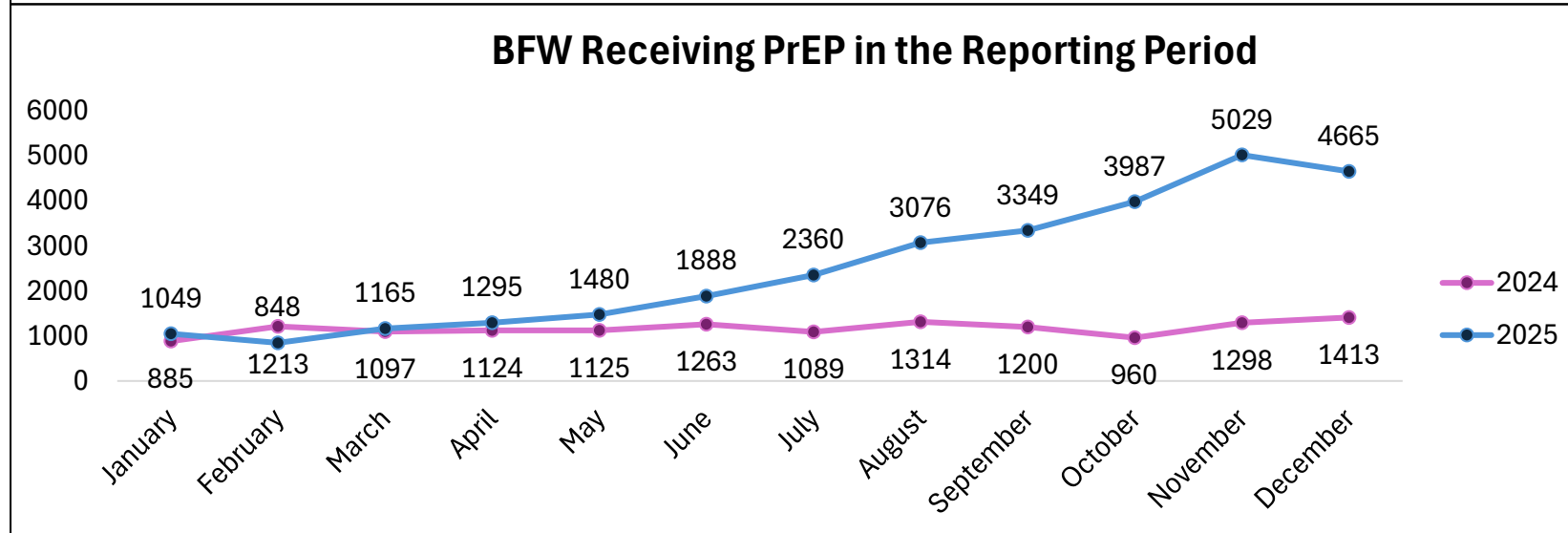
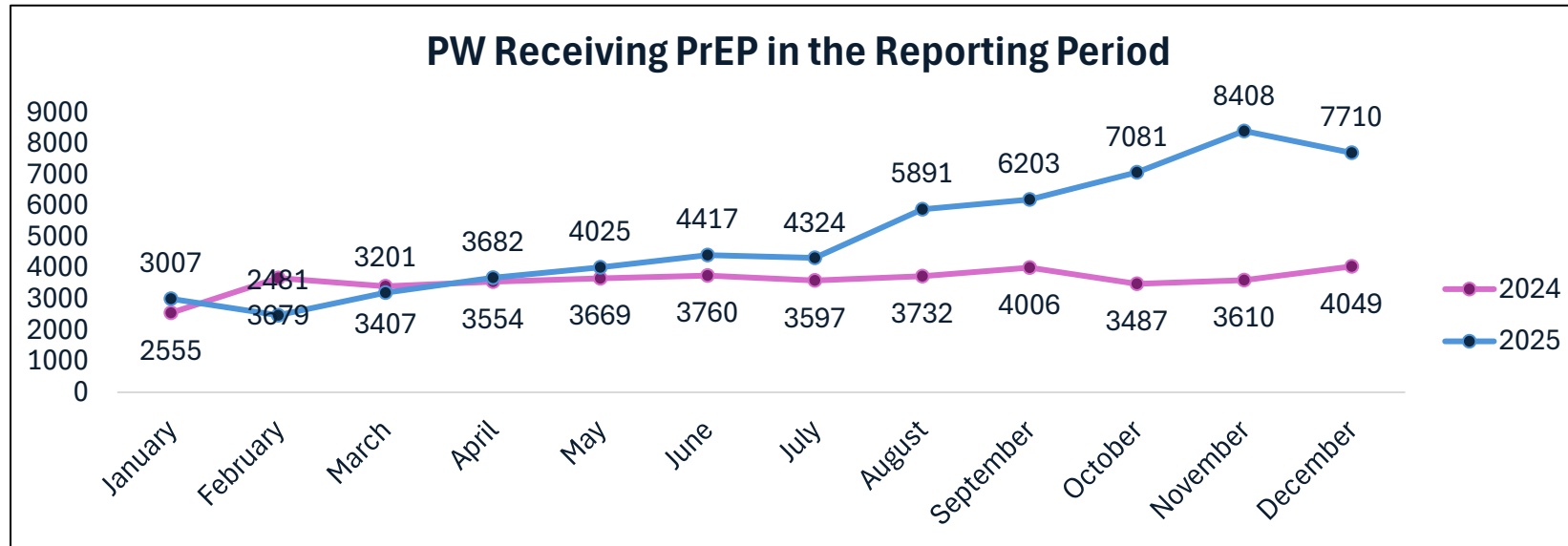
Data drove action

- Routine monitoring at provincial and national levels

Prevention gained visibility

- Stronger integration within the MCH platform
- Greater program attention to PBFW prevention

PrEP Usage (Pregnant and Breastfeeding Women)



Noticeable increase in PrEP usage among PBFW in 2025

Challenges

- Identification of PBFW on PrEP in MCH consultation
- Loss of women during the transition from the ANC one-stop service to the family planning consultation or to the PrEP one-stop service at the health facility

Opt-out PrEP: Making Prevention Routine



Opt-Out PrEP Model

- PrEP is automatically offered in ANC, FP, and youth clinics — women can opt out
- Reduces stigma, normalizes PrEP, and increases uptake among women and their partners

Next steps

- Commodity quantification and Procurement
- National rollout through official guidance

From Daily PrEP to Long-Acting Injectables: LEN Rollout

Implementation

- 55 facilities (6% of all PrEP HF)
- Providers trained

Launch: April 2026

- 46,000 doses available
- Includes PBFW
- One stop approach



Choice-based approach:

- Not replacing oral PrEP
- Expanding options for women

CAB-LA Pilot in AGYW: (Dec 2024- Aug 2025)

- CAB-LA offered to 902 AGYW (15-24 yrs)
- 490 (54%) initiated CAB
 - 21 PW (4%) and 6 BFW (1%)
- Return rate for 2nd CAB injection was 59% (287/490)

Demand Generation for PrEP in PBFW

Scale-up requires both service readiness and demand creation.

Facility-driven demand

- Provider-initiated PrEP
- Integration in ANC and FP

Community-driven demand

- Peer-led counseling and group education
- Community outreach with activists and mobile teams
- Social media



REPUBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE

**UM COMPRIMIDO
POR DIA AJUDA-ME
A PREVENIR DO HIV.**

**A PrEP previne o HIV,
mas só funciona se
a tomares todos os dias.
Protege o teu futuro
e o do teu bebé.**

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Challenges and Barriers



Xipamanine HF, Maputo City

1. Limited access

- 61% facilities offer PrEP
- Limited PrEP options nationwide (oral)

2. Weak identification and demand gaps

- Poor target group identification and demand creation (ANC/PNC/FP)

3. Low demand and continuity

- Missed opportunities
- Drop-off during follow-up

Best Practices in PrEP Delivery for PBFW



1st May HF, Maputo City



ANC integration

- One-stop service
- Same day initiation of PrEP
- Follow-up in the same service point



FP integration

- One-stop service
- Reaches women beyond pregnancy



Operational lesson

- Prevention is more effective when embedded in routine care pathways

Lessons Learned



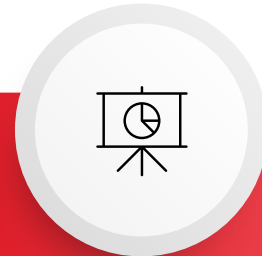
Integrate

Offer PrEP where women already receive care



Simplify

Simple Criteria to reduce missed opportunities



Support providers

Invest in mentoring, coaching, and leadership



Manage with data

Use dashboards, reviews, and accountability to improve services

Making Prevention the Standard of Care

PrEP for pregnant and breastfeeding women becomes scalable when prevention is integrated, routinely offered, actively monitored, and designed around women's service pathways.

Thank You!



Cabo Delgado, Mozambique