



From Risk to Results: Strengthening VTP Cascade for Mothers and Infants in Kenya

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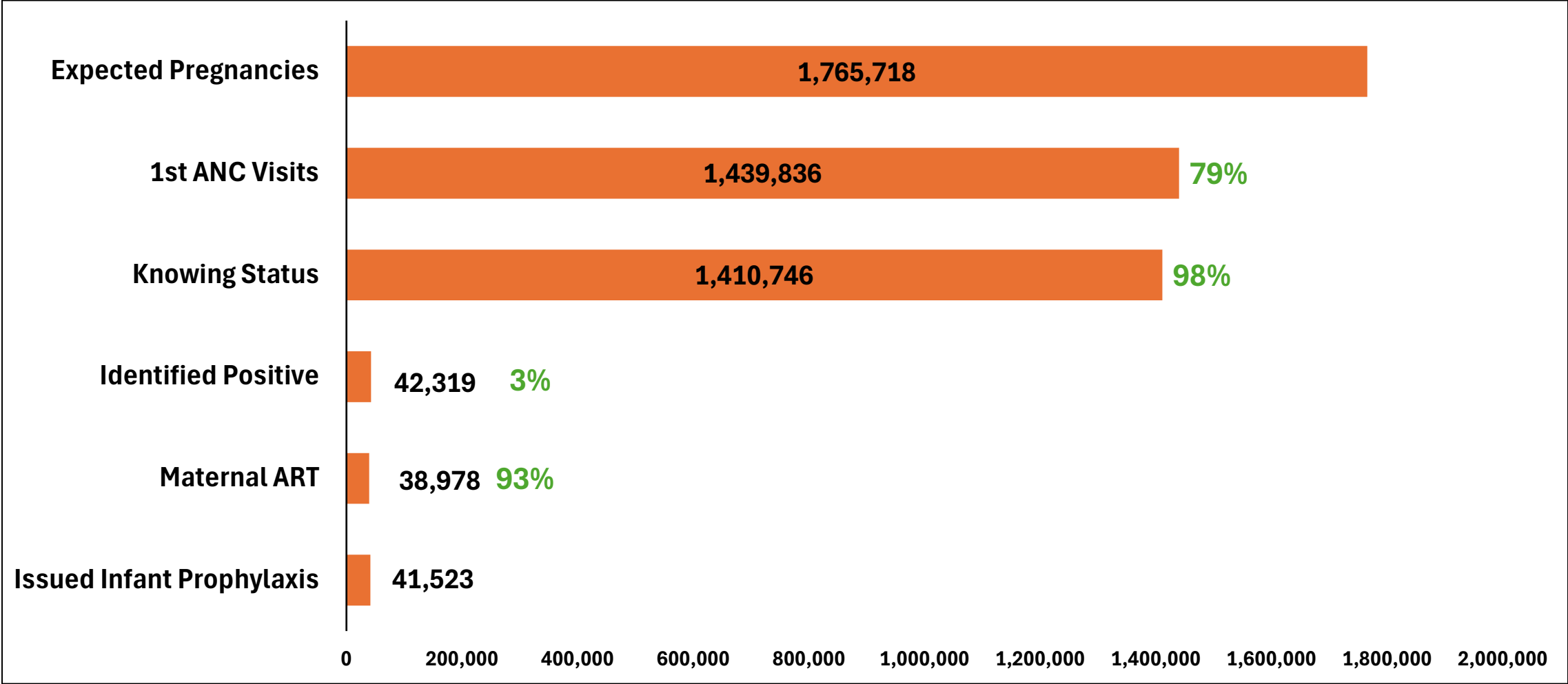
Advancing HIV Prevention and PrEP
for Pregnant and Breastfeeding Women
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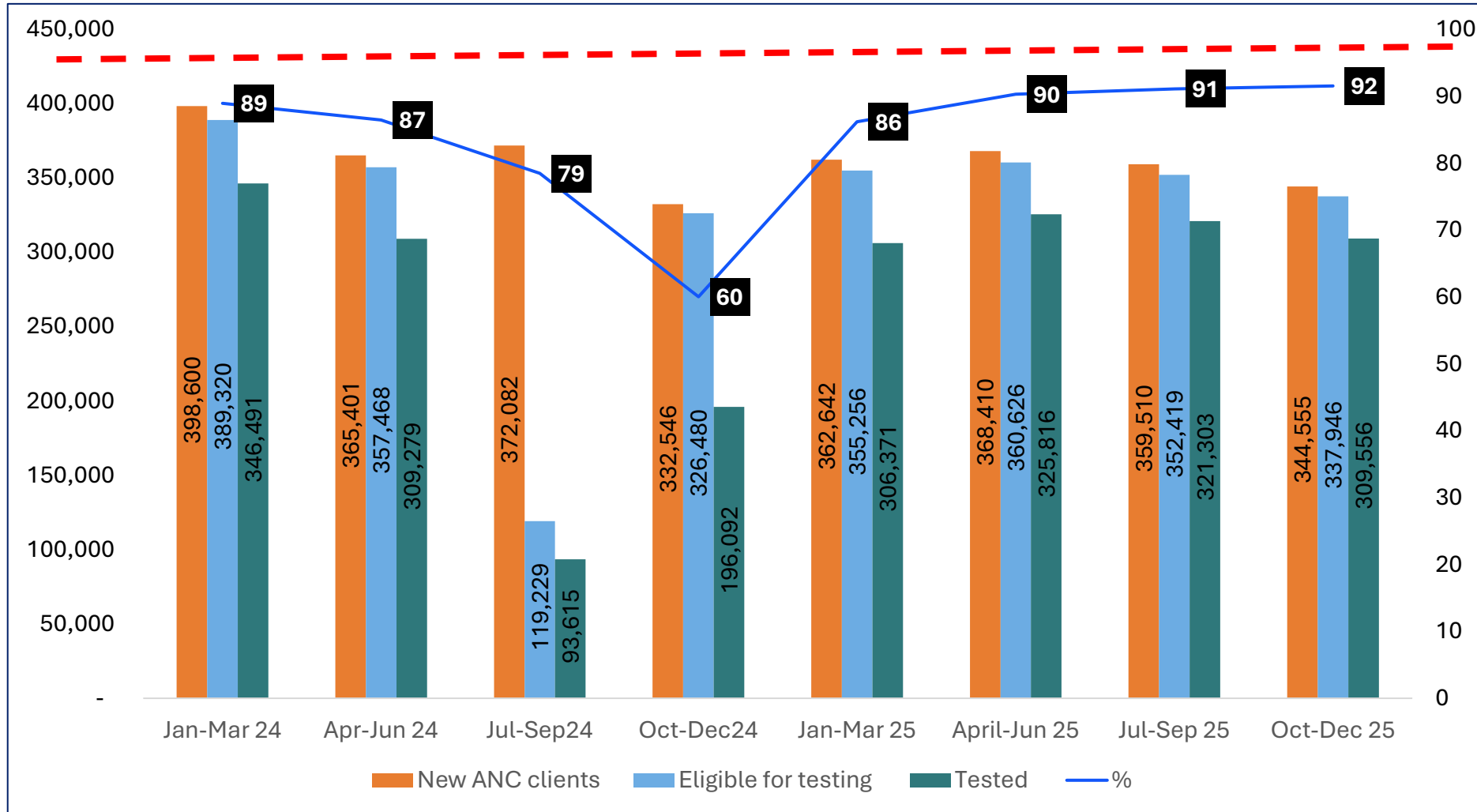
HIV
Impact Network for
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Vertical Transmission Cascade 2025

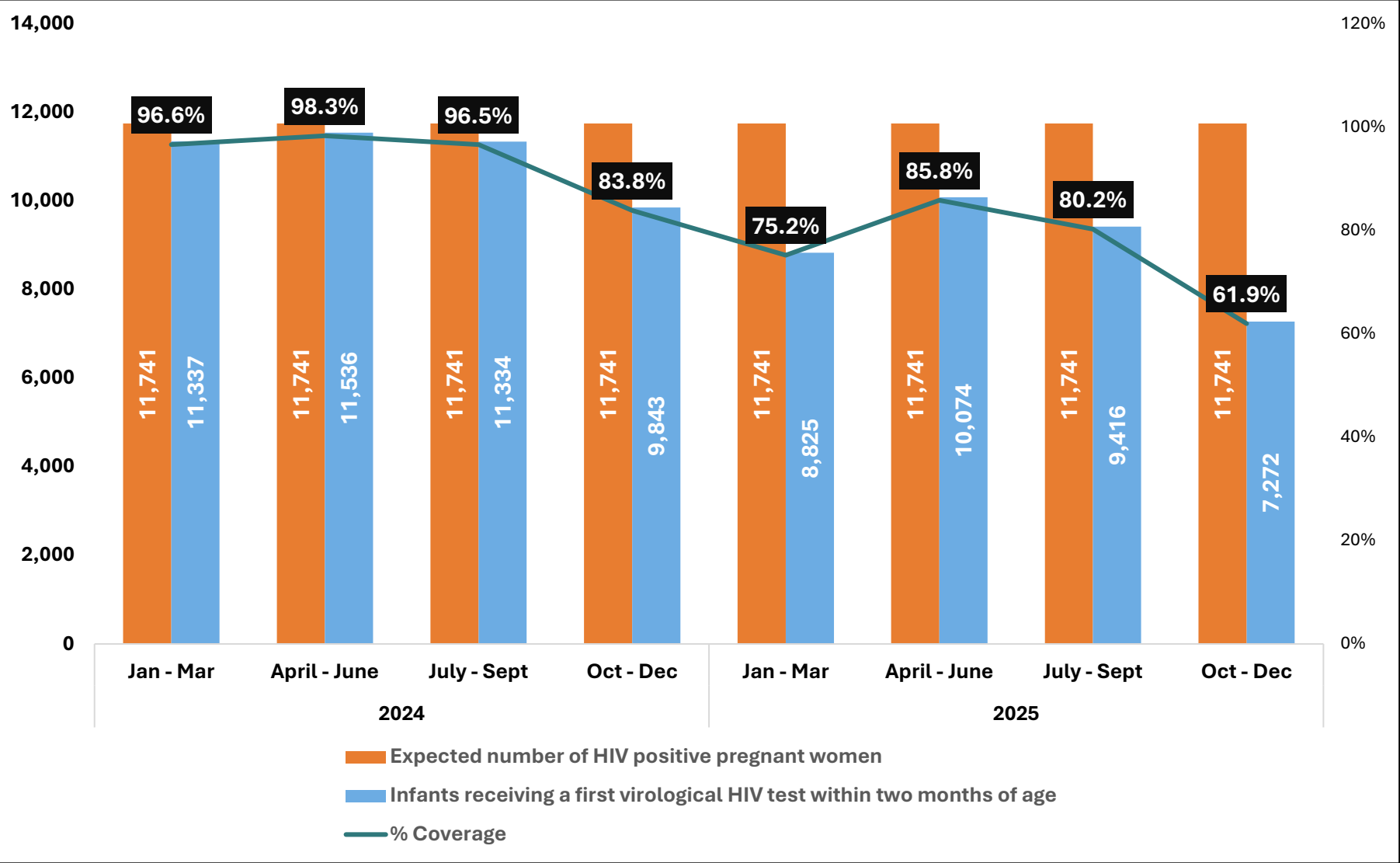


Good Performance in HIV testing at ANC 1



- Routine HIV testing embedded in ANC workflows
- The availability of test kits supports uninterrupted testing
- Trained health workers

EID Testing under 2 months is off track



- Suboptimal HEI screening at Penta1
- Disruption of sample networking and transportation
- Gaps in documentation especially from POC sites
- Non-disclosure
- DBS kit stock-outs
- Weak HEI tracking

Perinatal ARV Prophylaxis Guideline Update

Kenya has updated its postnatal prophylaxis guidelines to a risk-based approach for HIV-exposed infants:

Low-risk infants:

- NVP + AZT from birth for 6 weeks
- Then NVP only until 6 weeks after cessation of breastfeeding

High-risk infants:

- Triple ART (ABC + 3TC + DTG) for 14 weeks
- Then NVP only until 6 weeks after cessation of breastfeeding

Infants presenting late:

- Assess risk → classify (high/low)
- Initiate prophylaxis accordingly

(Dosing based on age/weight as per national guidelines)

Priority Actions

Leadership and coordination: Strengthen VTP governance with effective task forces, clear accountability, and coordinated planning supported by dedicated funding. Targeted and well coordinated technical assistance; counties clustered into 4 as per VT rates.

Service delivery: Focus on integrated MNCH VTP services, including PrEP, early ANC HIV and HEP B testing, immediate ART initiation, retention support, viral load monitoring, and EID. Innovative capacity building modalities at all levels including CMEs, webinars, OJTs, media, professional association conferences, and e-learning platforms.

Data management: Expand EMR coverage, enhance data quality and concordance, standardized, well coordinated national HEI audits, implement real-time dashboards and mother–infant tracking for timely, data-driven decisions.

Private sector engagement: Engage private and faith-based facilities in VTP services, distribution of commodities, and reporting to improve coverage and continuity of care.

Community engagement strengthening: Leverage on community strategy structures and support, engagement of WLHIV networks for demand creation, identification of risks, and monitor adherence–longitudinally track.

Support Needed from HIVE Network

Cross learning with other countries including country to country visits

Best practices sharing forum to be expanded to sub-national levels (virtual or in person)

Assessment tools for Hepatitis B and Syphilis services in VTP

Technical support in the development of tools for monitoring PrEP in PBFW

Capacity building sub-national teams on PrEP choices for PBFW

Thank
you



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