

Strengthening the VTP Cascade for Mothers and Infants Tanzania

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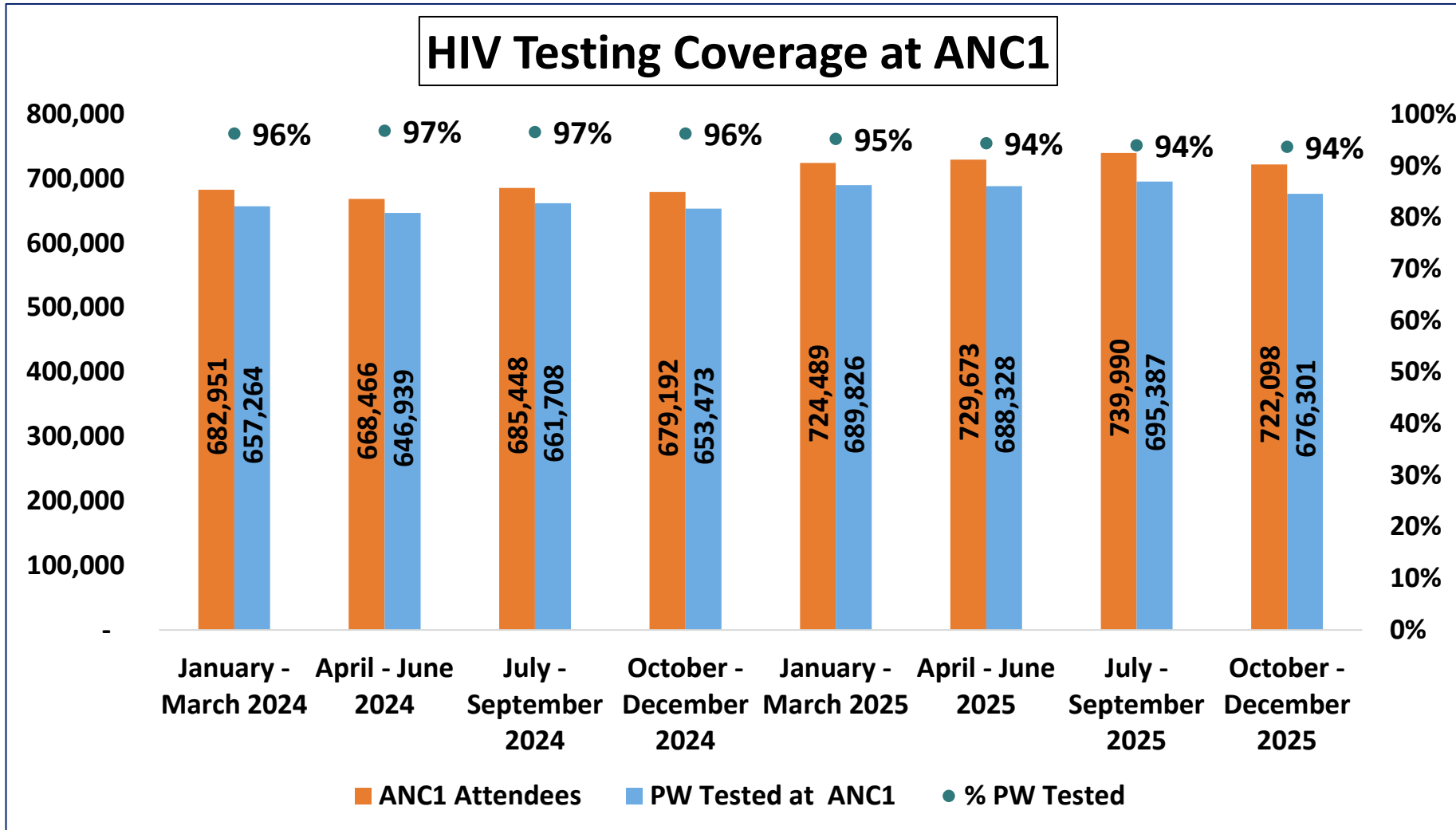
Advancing HIV Prevention and PrEP
for Pregnant and Breastfeeding Women
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HIV
Impact Network for
Vertical Transmission
Elimination



HIV Testing in ANC1 is Critical Step in VTP Cascade

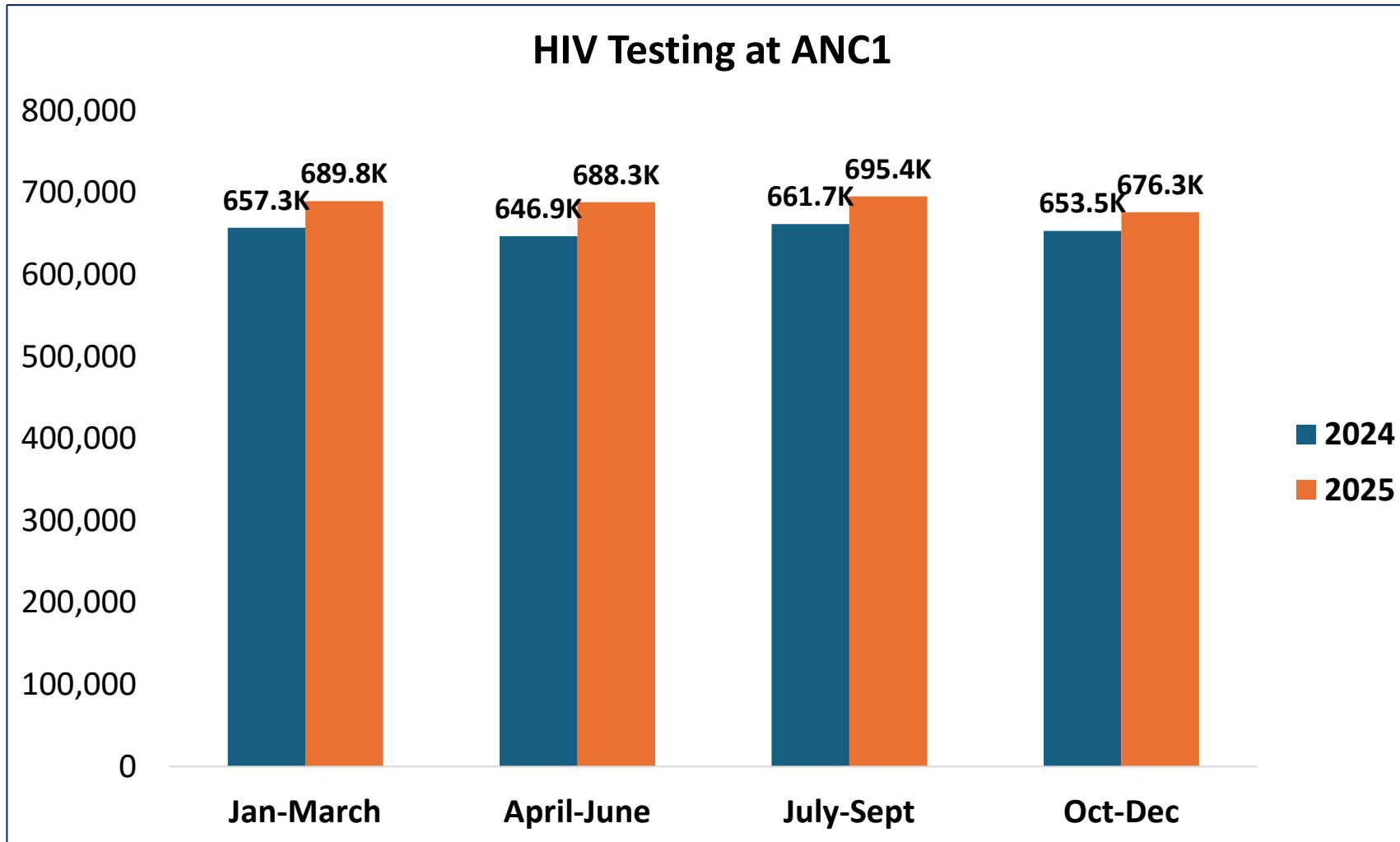


- Tanzania has made significant gains in reducing vertical transmission
- However there are persistent gaps across the cascade that require targeted, data-driven interventions to move from risk to results



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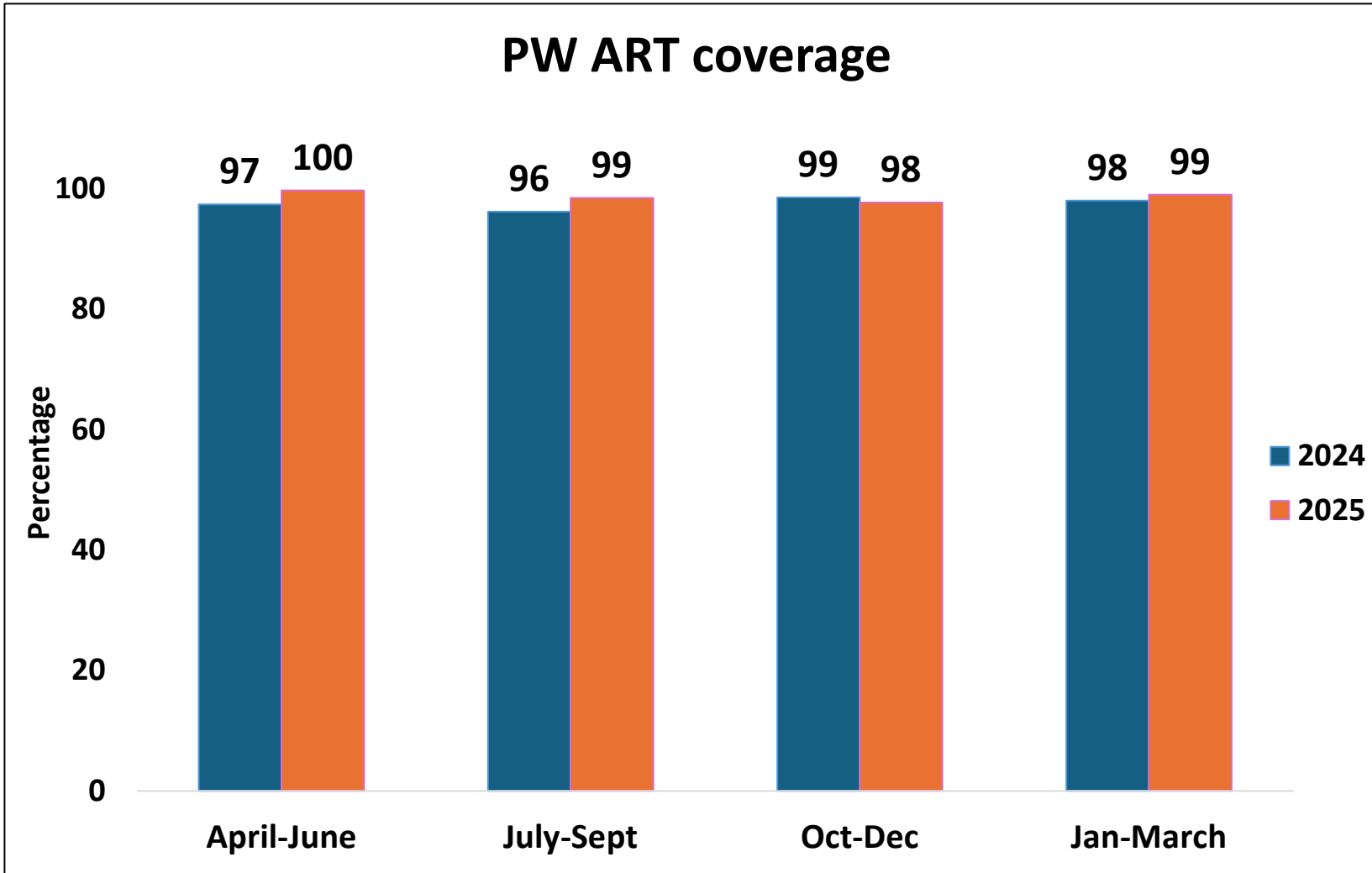
Strong HIV Testing Performance at ANC1



High number of women accessing HIV testing at first ANC visit with slight drop testing coverage:

- Strong integration of HIV services within MCH platforms
- Continuous investment in commodities and workforce
- Demand creation to ensure no missed opportunities and early ANC attendance

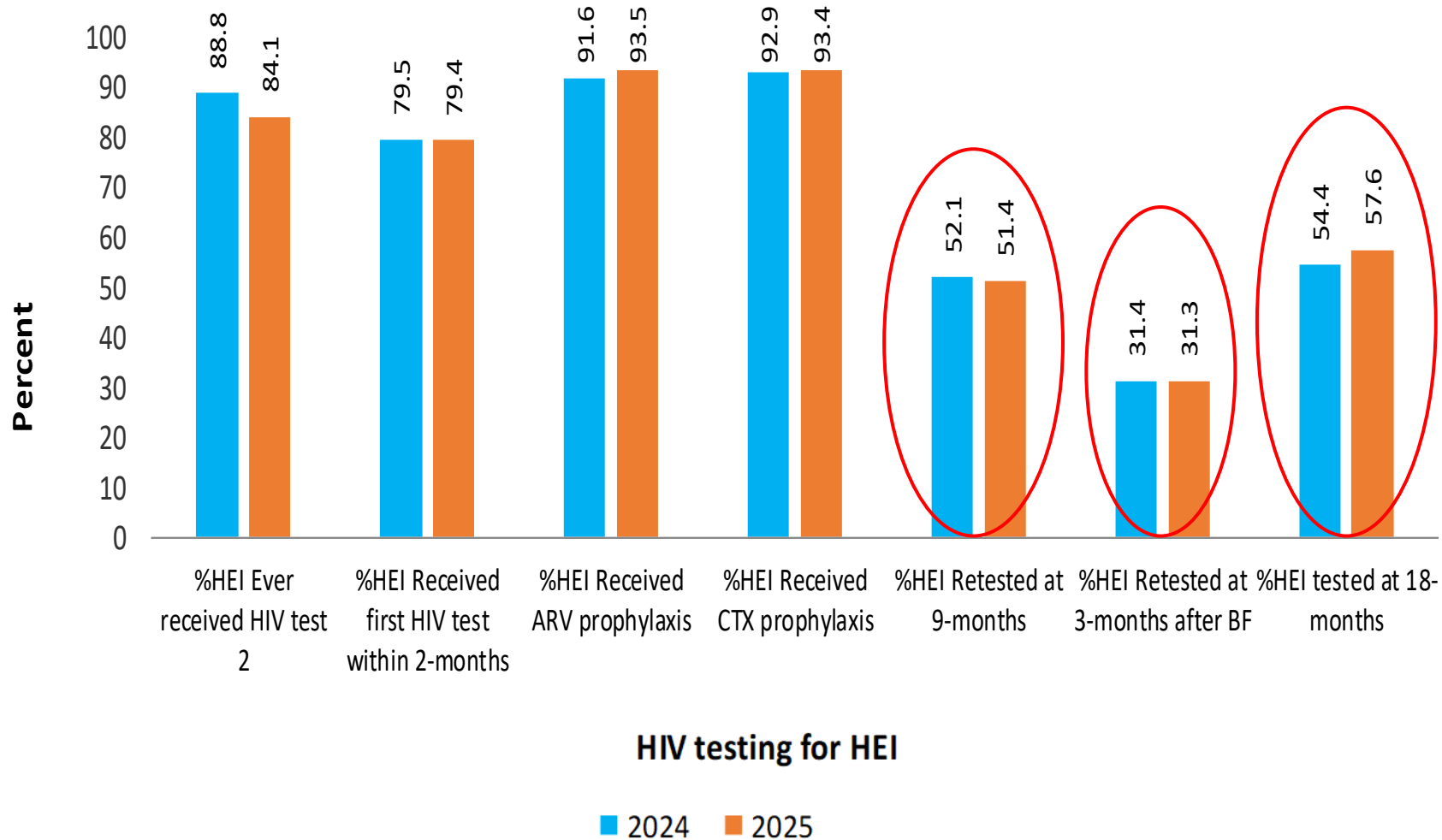
High ART Coverage Among Pregnant Women at ANC



ART coverage among pregnant women remains consistently high (>97%) due to:

- Strong integration of HIV services within ANC platforms
- Availability of ARV commodities through coordinated supply chain systems
- Strengthening same-day ART initiation protocols
- Enhanced counselling and Mentor Mother support
- Close monitoring through VTP dashboards and supportive supervision

Gap: Low infant testing coverage at 9 months, 3 months post breastfeeding & 18 months period



Infant testing coverage declines significantly at 9 months, 3 months post-breastfeeding, and at 18 months

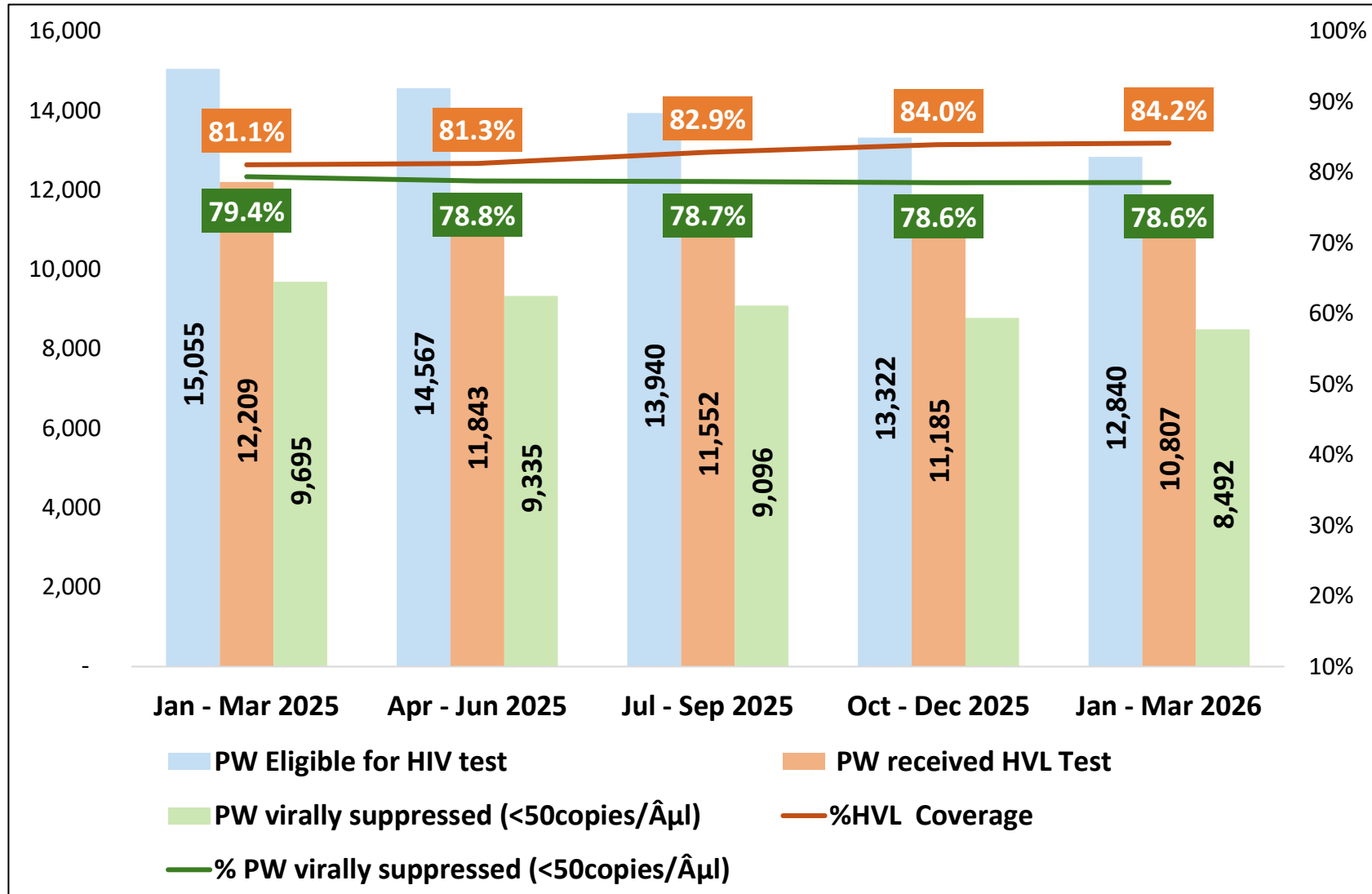
Key causes:

- Loss to follow-up after the early postnatal period
- Weak longitudinal tracking systems
- Reduced contact points beyond the immunization schedule
- Low caregiver risk perception after initial negative test

Corrective actions:

- Strengthen longitudinal tracking systems (UCS) for HEI
- Strengthen community-based follow-up through CHWs and Mentor Mothers
- Integrate HIV testing into routine child health and nutrition services

Suboptimal Viral Load Coverage and Suppression < 50 copies/ml at 12 Months of Follow Up



Viral load (VL) coverage and suppression (< 50 copies/ml) at 12 months remains suboptimal, indicating challenges in sustained adherence, treatment continuity and timely sample collection.

Key causes:

- Suboptimal adherence among postpartum women
- Delays in VL testing and result utilization
- Socio-economic barriers affecting retention

Corrective actions:

- Strengthen adherence counselling and peer support models
- Improve VL result-to-action systems (timely testing, feedback, switching)
- Expand differentiated service delivery models for PBFW



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Updates to Perinatal Guidelines and Priority Actions for 2026

Updates to perinatal guidelines

- Planning to review infant prophylaxis and PMTCT guidelines in line with updated WHO 2025 recommendations

Key considerations

- Optimization of infant prophylaxis regimens based on risk stratification
- Alignment with emerging evidence on the newly recommended WHO regimen

Anticipated challenges

- Resource constraints for new regimens
- Commodity availability and forecasting adjustments

Support needed

- Financial support for rollout and training (printing of guidelines, dissemination)
- Strengthening supply chain systems

Priority focus areas for 2026

- Enhance integration of services across Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) platforms
- Improve maternal retesting during pregnancy and postpartum
- Scale up PrEP for PBFW (introduction of long-acting PrEP)
- Strengthen early infant diagnosis and longitudinal follow-up
- Improve viral load suppression among PBFW

Support required from HIVE and partners

- Technical support for PrEP scale-up and M&E systems
- Investment in digital tracking systems (UCS expansion)
- Support for community-based interventions
- Strengthening laboratory and diagnostic systems