

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

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Advancing HIV Prevention and PrEP
for Pregnant and Breastfeeding Women

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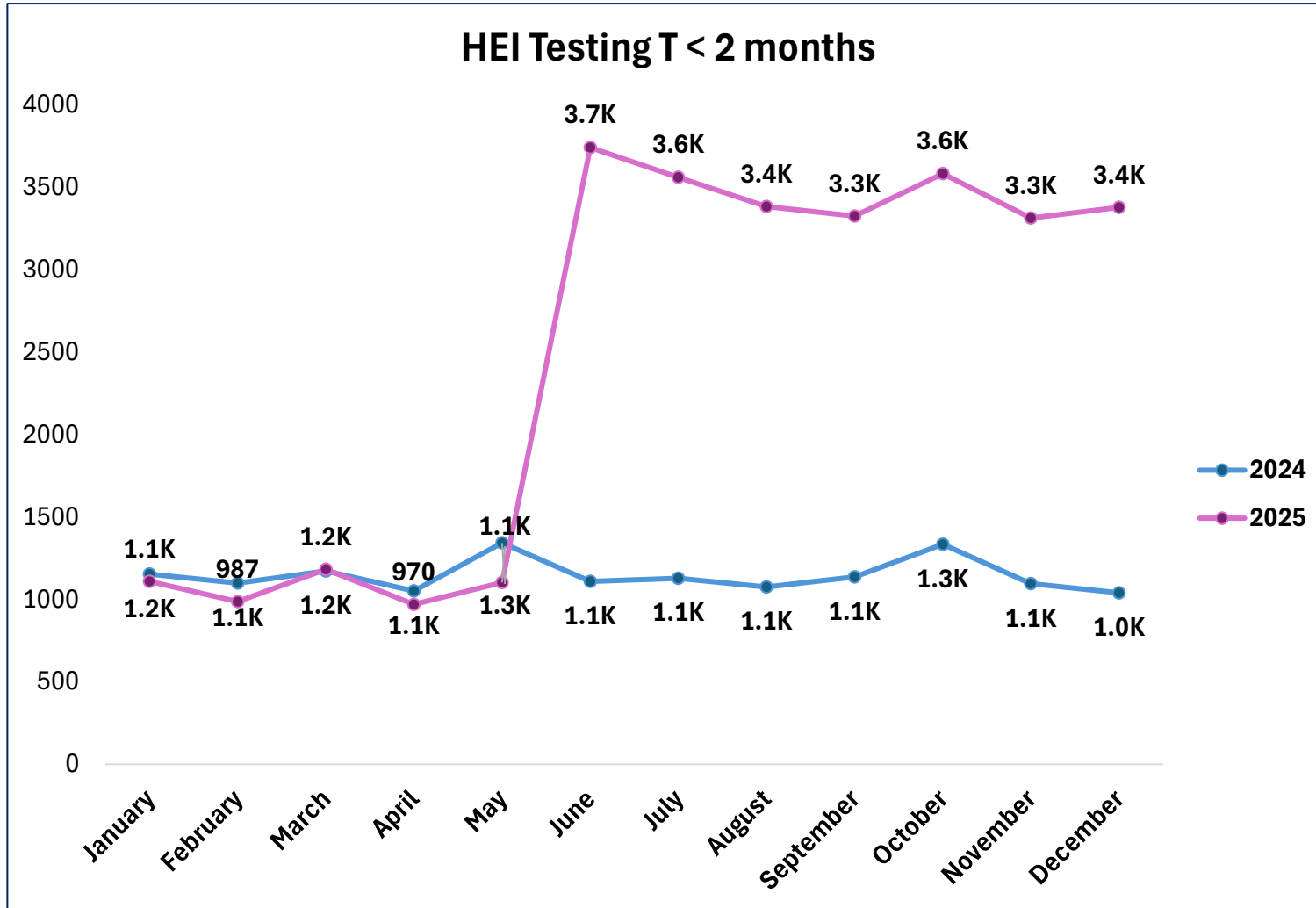
HIV
Impact Network for
Vertical Transmission
Elimination



Vertical Transmission Cascade, 2024-2025

	Indicator	2024	2025
Testing	1 st ANC Coverage	87.7%	88%
	HIV testing in ANC	93.7%	92%
	Syphilis Testing in ANC	73%	86%
	Hepatitis B testing in ANC	15%	27%
Treatment	ART treatment among PBFW	97%	97.4%
VT Rate	Final VT rate	6.6	5.9

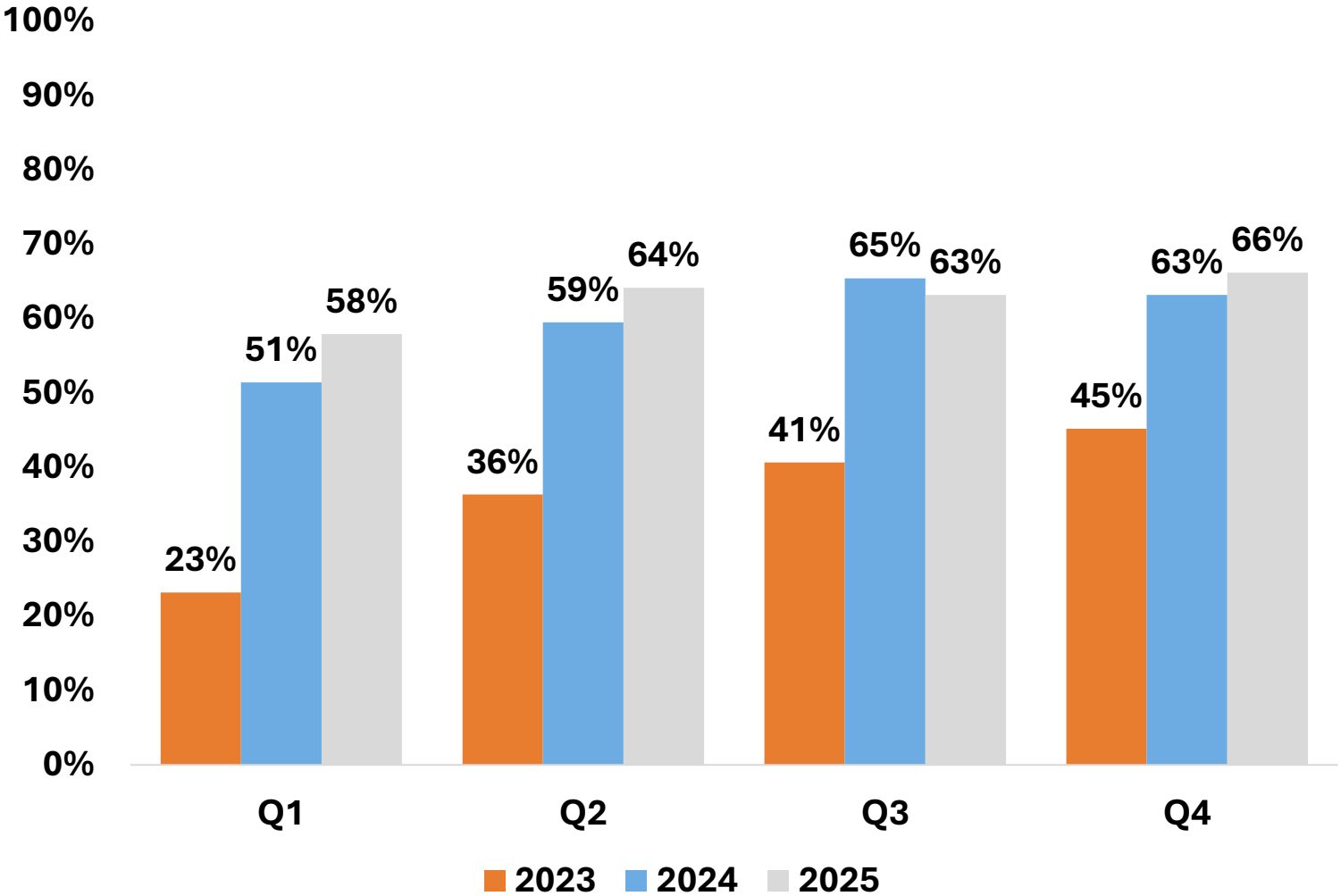
Good Performance in EID Testing < 2 months



Best practice in EID testing at < 2 months (includes birth test and test at 6 weeks)

- Integration of EID in EPI
- Integration of the Clinical lead from PHO into the Multi-disease Laboratory TWG: to be part of
 - Monthly performance meetings, where gaps in specific programs are identified, and appropriate interventions are agreed upon
- Joint lab and clinical team onsite TSS/Mentorship
- Introduction of POC cartridge that also uses DBS and Blood (308 sites)
- Harmonization of documentation/reporting from facilities (Partner/Government)
- Strengthened Focused Monthly data review meetings
- Inclusion of the EID testing as one of the Key indicators tracked by the PHO

Re-testing of HIV Negative PFW Remains a Challenge



Challenges

- Logistic strain: Inadequate HIV test kits to support the high volume of retest numbers annually
- Lack of active structured appointments and follow-up for eligible PFW for retest
- Sub-optimal recording and reporting on retesting activities

Interventions

- Strengthening the use of the electronic appointment system for the HIV-negative cohort
- Utilize the peers (Polyvalent CBVs) to engage and track negative PFW
- Align the retesting schedule with the minimum package (reduced number of retesting frequency)

Perinatal Guidelines

ARV Prophylaxis for perinatally exposed infants

- All perinatally exposed infants are considered at high risk
- Infants who breastfeed receive ARV prophylaxis for at least 12 weeks
 - At 12 weeks, if the mother is virally suppressed, stop the ARV prophylaxis; otherwise, extend the prophylaxis (*if VL test not available at 12 weeks, ARV prophylaxis is extended until the end of BF or VL is done and the mother is suppressed*)
- Never breastfed infants, receive ARV prophylaxis for 6 weeks only

Current Regimen

- AZT+3TC/NVP from birth

New regimen considered (*still yet to be approved, will be implemented before the end of this year*)

- ABC+3TC/DTG: Birth to 6 wks
- DTG or NVP: 6 wks to at least 12 wks

Challenges

- Availability of NVP on the market
- Quantification of the commodities

VTP Priority areas for 2026

Universal ANC1 Screening Coverage

- Ensure $\geq 95\%$ of pregnant women are tested for HIV, Syphilis and Hepatitis B at first ANC visit.

Cohort Monitoring and Case Tracking

- Strengthen mother–baby pair tracking, cohort monitoring, and defaulter tracing to reduce loss to follow-up across the VTP cascade.

Integration with EPI and Child Health Services

- Strengthen linkage between VTP, immunization, nutrition, and child health platforms to improve infant outcomes.

Data Quality and Use for Action

- Improve VTP data completeness and accuracy.
- Monthly data reviews at facility, district and provincial levels.
- Use dashboards for performance improvement.

Expand the use of PrEP for VTP

- Streamline data management for PrEP in pregnancy
- Scale-up of injectable PrEP (Cabotegravir & lenacapavir)

Roll out the triple elimination operation plan

Support Needed from HIVE and Global Stakeholders



Strengthening data capture for VTP



Strengthening cohort monitoring of HIV perinatally exposed infants



Thank You!

