

# HIVE Network M&E Community of Practice Meeting

## VTP Prevention – Monitoring PrEP for Pregnant and Breastfeeding Women

**February 26, 2026**



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# Welcome and Introduction to HIVE M&E COP

**William Reidy**

Deputy Director, SI (CQUIN/HIVE)  
ICAP at Columbia University

# Agenda

Time (UTC)	Activity	Presenter / Moderator
12:00–12:05	Welcome and Introduction to HIVE M&E COP and updated TOR	Dr. Bill Reidy, ICAP
12:05–12:15	Framing presentation: <i>Monitoring PrEP for PBFW women: why it matters for VTP prevention</i>	Dr. Karam Sachathep, ICAP
12:15–12:30	Mozambique Country Presentation: <ul style="list-style-type: none"><li>• <i>Country approach to monitoring PrEP for PBFW</i></li><li>• <i>Key challenges and innovations</i></li><li>• <i>Lessons for long-term system strengthening</i></li></ul>	Orrin Tiberi, MOH Mozambique
12:30-12:50	Panel Discussion	Chimuka Sianyinda (MOH Zambia) and Orrin Tiberi (MOH Mozambique)
12:50-1:25	Mentimeter & Facilitated Q&A All participants	ICAP NY and Regional Teams
1:25–1:30	Next Steps	Dr. Karam Sachathep, ICAP

# Objective of Today's Meeting:

- Introduce our COP's **new focus area**: M&E of PrEP services for PBFW in the era of expanding PrEP options
- **Provide a platform for one country** to share how they monitor the PrEP cascade for pregnant and breastfeeding women
  - Showcase country experiences in applying the PrEP cascade framework to expanded PrEP options for PBFW
- Discuss considerations for **prioritizing PrEP cascade indicators** and **strengthening government-owned and managed data systems** over time.
- Identify **key gaps, challenges, and opportunities** to improve monitoring and use of PrEP cascade data for PBFW women, for programs and clinical decision-making.

# Updated M&E Community of Practice Terms of Reference



# Updated HIVE M&E CoP Scope of Work:

*The HIVE M&E CoP will focus on M&E of PrEP services—including long-acting options such as LEN—for pregnant and breastfeeding women (PBFW), including:*

## **1. Indicator Harmonization**

Define and align core indicators for PrEP/LEN among PBFW. Integrate maternal HIV testing and re-testing with PrEP delivery monitoring

## **2. Data Integration Across the Continuum of Care**

Link PrEP/LEN data with ANC, PNC, and infant records. Improve assessment of vertical transmission risk

## **3. Facility-Level Monitoring**

Track availability, eligibility, initiation, testing/re-testing, and continuation during pregnancy and breastfeeding

## **4. Experience of Care**

Assess client and provider satisfaction and use findings for quality improvement

## **5. Data Use for Action**

Use routine data to identify gaps and missed prevention opportunities

# M&E CoP: Functions and Key Activities-1

*The CoP will undertake the following key activities:*

1. Convene quarterly virtual learning sessions focused on **M&E of oral and long-acting PrEP within VTP.**
2. Facilitate **peer exchange on indicators, tools, dashboards, cohort monitoring approaches, and data linkage** methods.
3. Support **co-creation and refinement of M&E tools, indicator reference guides, and/or data visualization products.**
4. Review and promote **harmonization of data collection tools and reporting systems** across prevention and VTP platforms.

# M&E CoP: Functions and Key Activities-2

5. Provide **ad hoc technical guidance** to member countries on PrEP/LEN M&E challenges.
6. Promote **routine use of data for program improvement, quality improvement, and strategic decision-making.**
7. Support **documentation of country case studies**, innovations, and lessons learned.

# Thank You!



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# Framing Presentation

**Dr. Karam Sachathep**

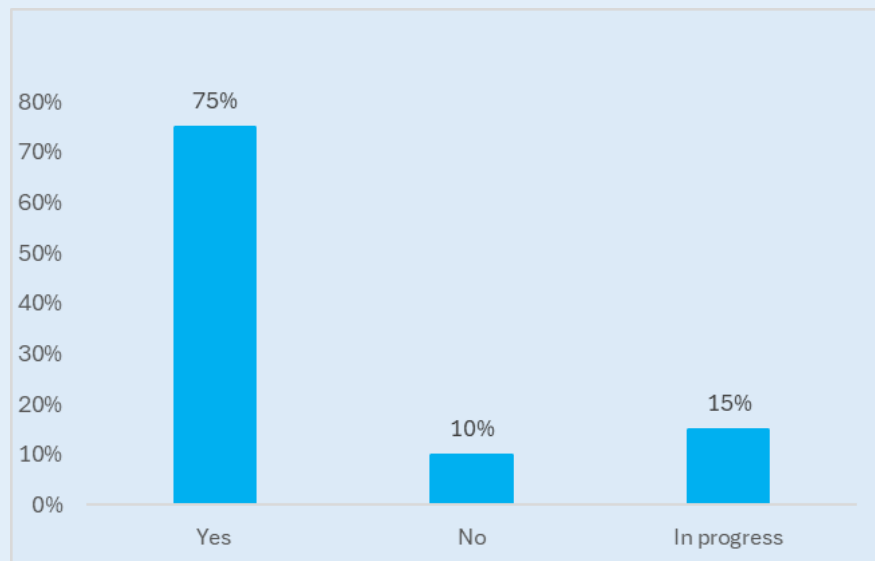
Senior Manager, SI (CQUIN/HIVE)

ICAP at Columbia University

# Pre-Meeting: PrEP Poll Results

# Poll Questions and Answers-1

**Is your country currently monitoring PrEP among PBFW at national level?**

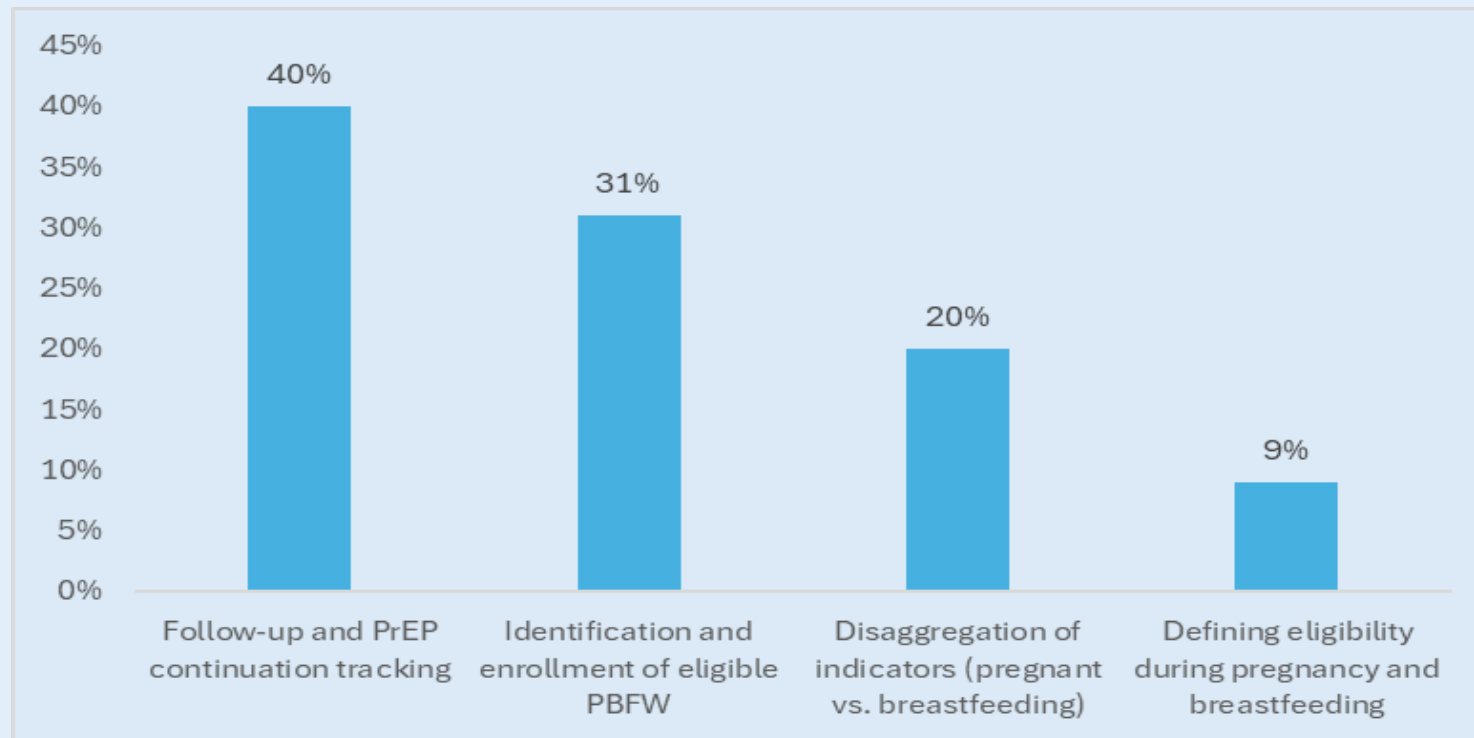


**If yes: Is your MOH-owned national monitoring system able to report disaggregated PrEP data by population group separately for:**

*51% of respondents said "not currently disaggregated (i.e. PBFW combined reporting)"*

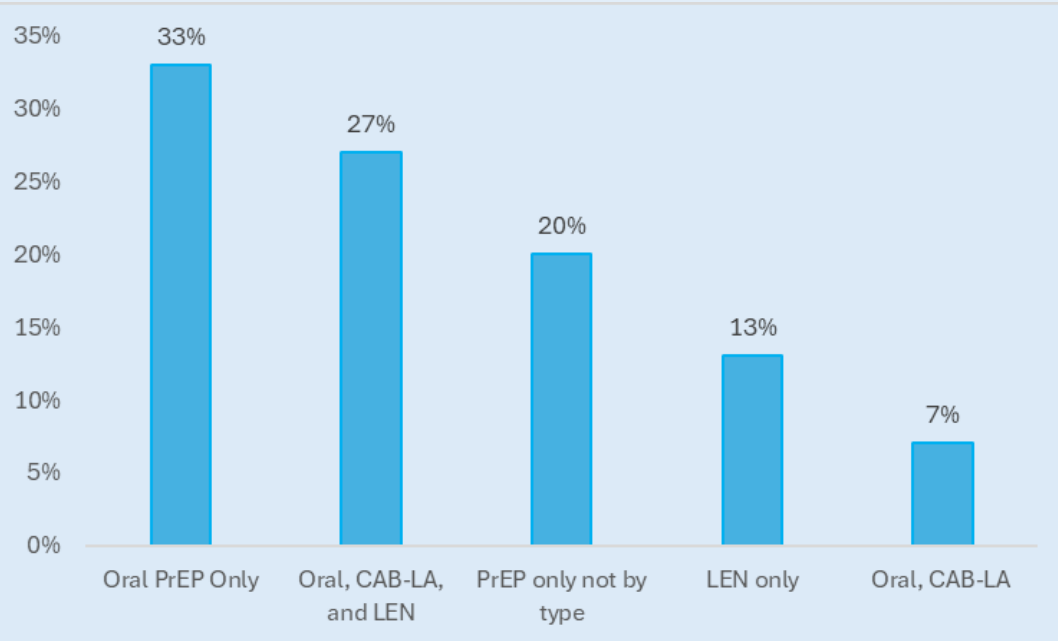
# Poll Questions and Answers-2

In your opinion, which aspect of PrEP monitoring for PBFW is most critical?



# Poll Questions and Answers-3

**Which PrEP options are currently included in routine M&E for PBFW in your country?**

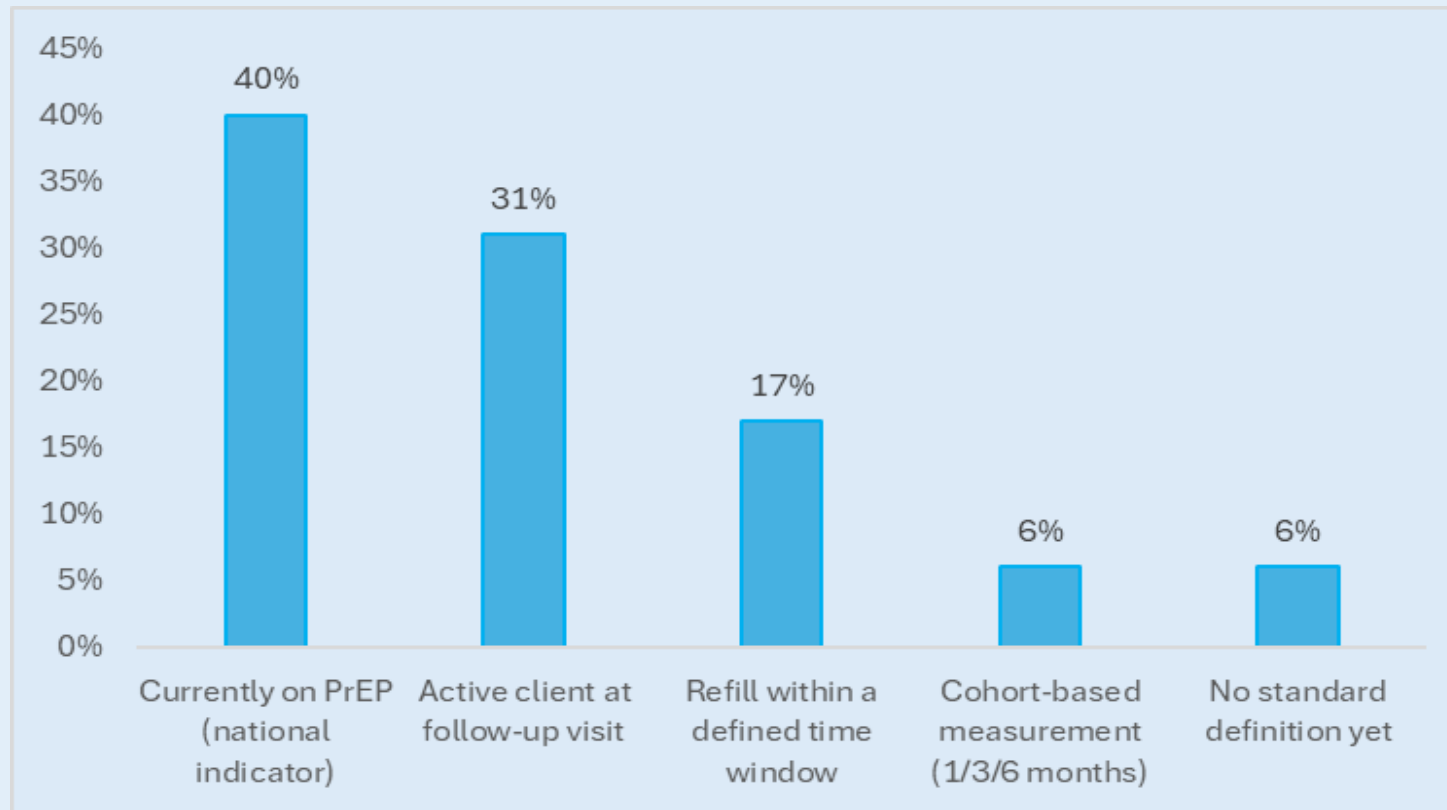


**Which indicators are routinely reported for PBFW at the national level?**

***70% of respondents report PrEP initiation with a few respondents reporting eligibility and current on PrEP (~14%) and ~3% reporting discontinuation.***

# Poll Questions and Answers-4

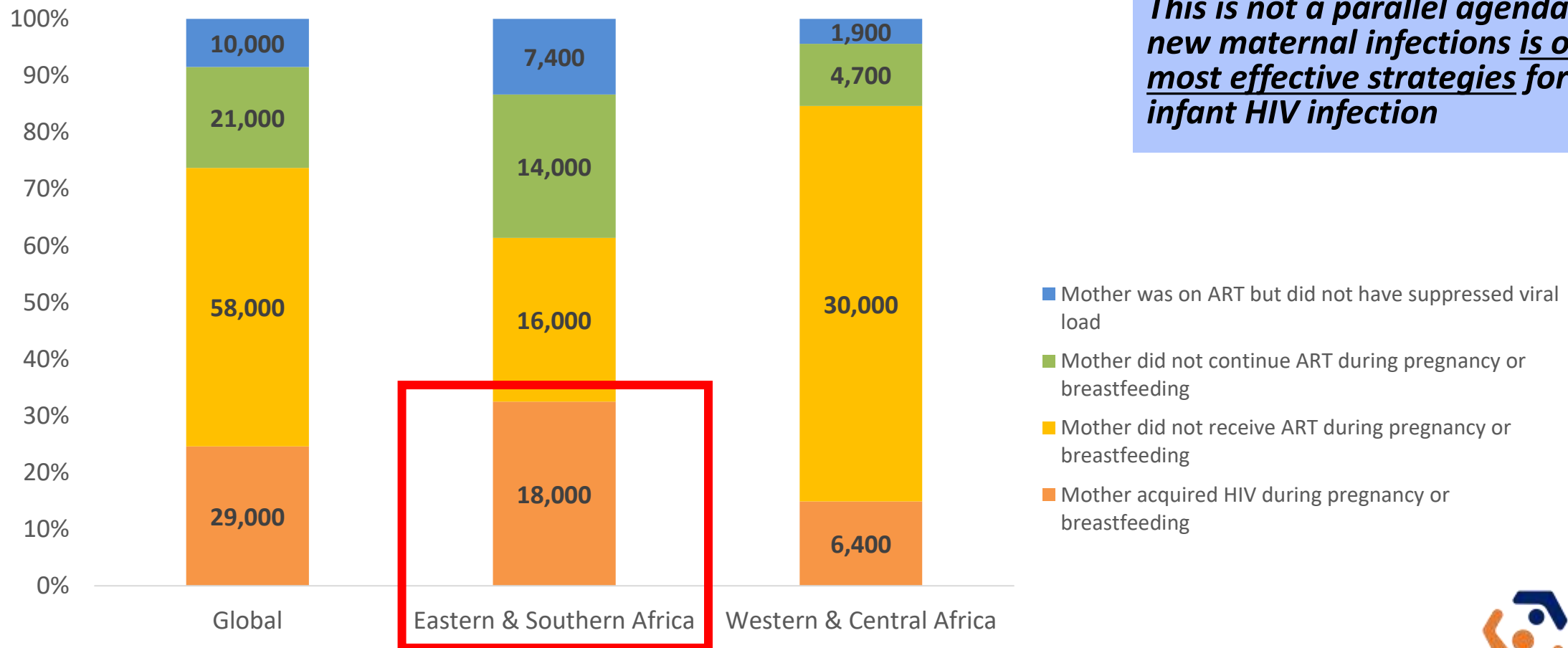
## How is PrEP “continuation” currently defined nationally?



# Reasons for New HIV Acquisitions Among Children, 2024

*HIV prevention among women during pregnancy and breastfeeding is essential to sustaining VTP gains*

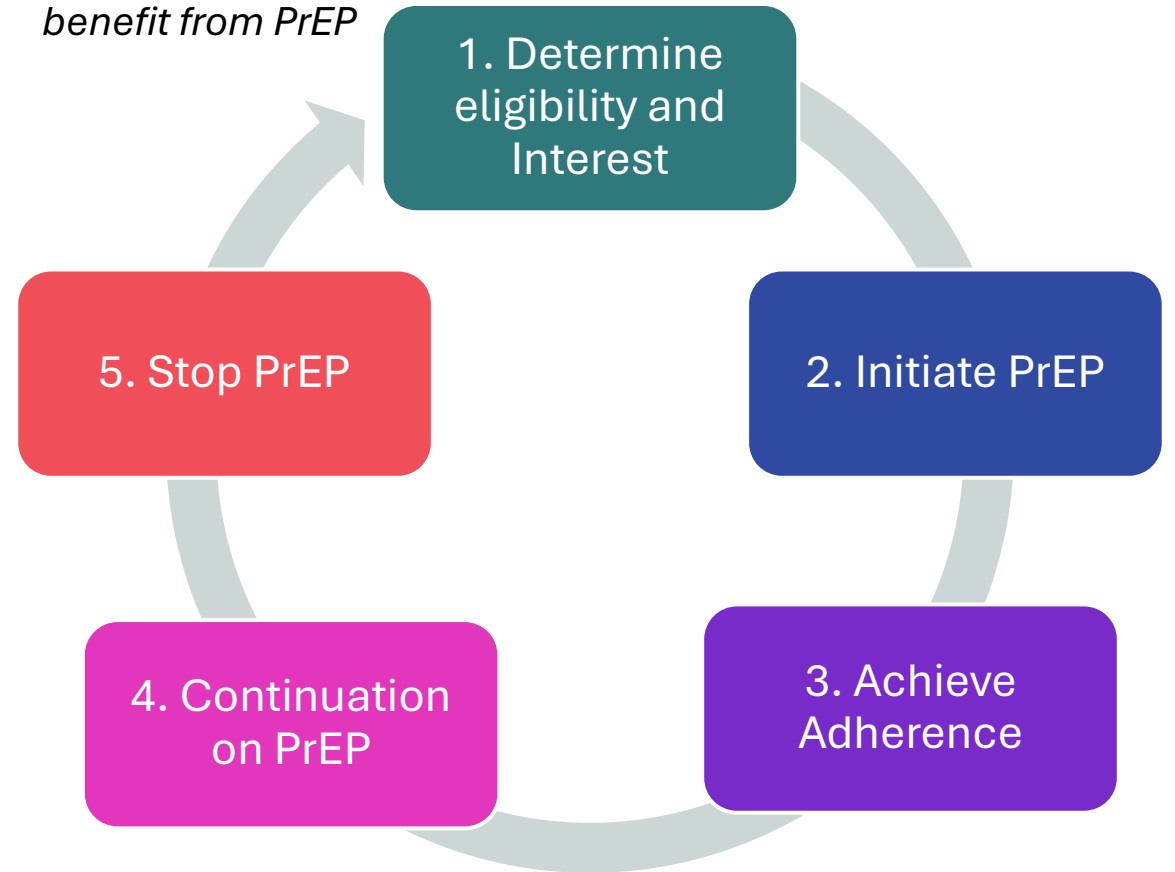
*This is not a parallel agenda: preventing new maternal infections is one of the most effective strategies for preventing infant HIV infection*



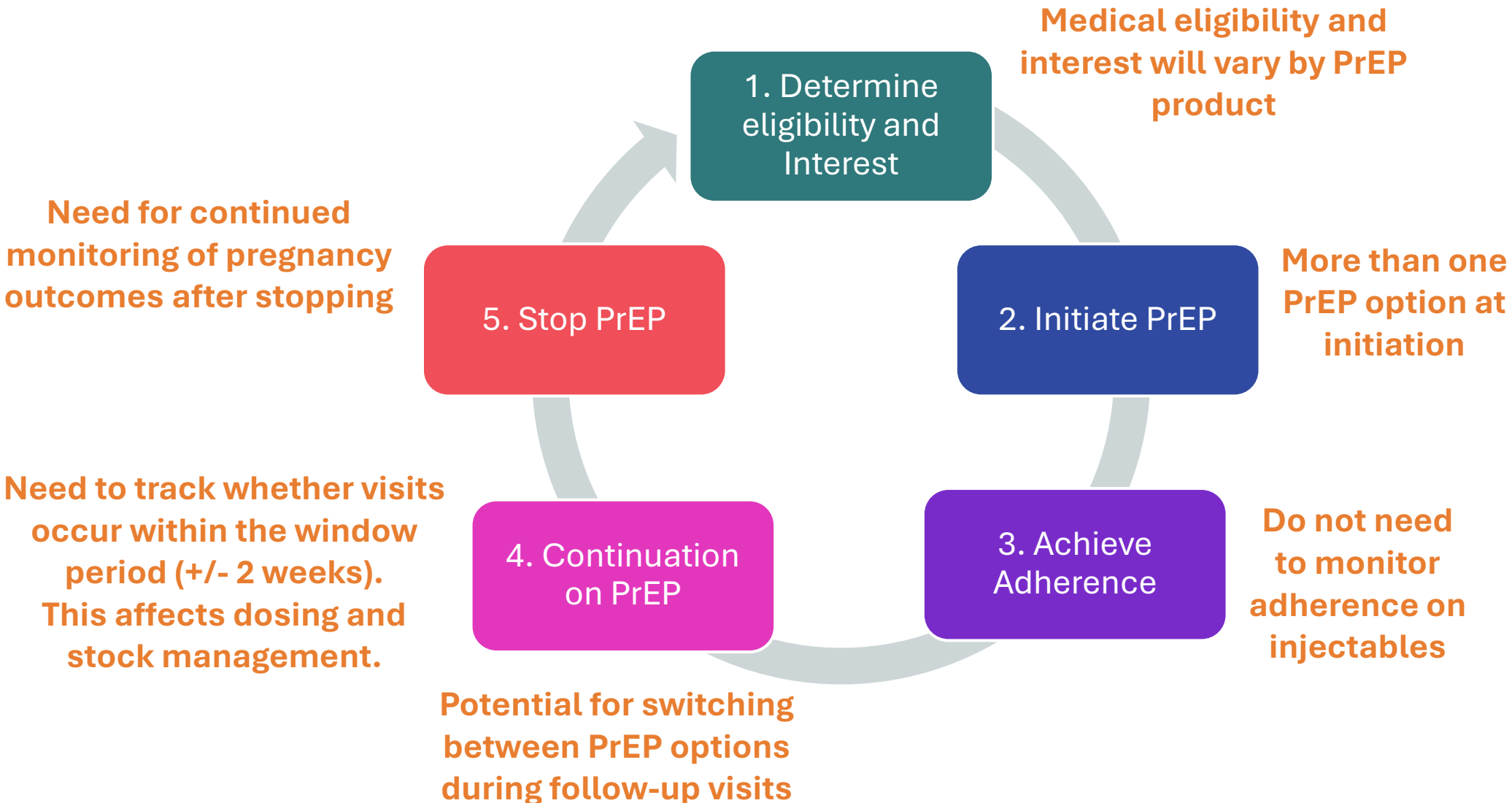
# The PrEP Cascade for PBFW: M&E Opportunities and Challenges

- The **PrEP cascade** outlines the sequential stages of **engagement with PrEP** as an HIV prevention strategy.
- 
- Analysing performance across each stage of the cascade helps **identify gaps and barriers** to PrEP uptake and continuation

*Identifying PW, BFW who can benefit from PrEP*



# The PrEP Cascade for PBFW: New M&E Opportunities and Challenges with the **addition of LEN**



# PrEP M&E for PBFW

## Basic PrEP cascade

- Eligibility
- Initiation
- Continuation
- Stop



## PBFW and expanding modalities

- PW and BFW disaggregations of cascade
  - All steps of cascade?
- PrEP modality disaggregations

## Quality and outcomes

- Continuation rate
  - Subpops, other factors
- Follow up HIV testing
  - Completeness, positivity
- Maternal adverse events
- Pregnancy outcomes
- Vertical transmission (infant outcome)

## Cross-cutting:

- Harmonization/streamlining of tools
- Minimizing documentation and reporting burden
- Ensuring routine data use supporting clinical services and program

# PrEP Tools: Country X

Maybe can further disaggregate types of injectables if offered?

1G - PRE-EXPOSURE PROPHYLAXIS (PrEP)																
Category	PR01. Total screened for PrEP eligibility and risk assessment		PR02. Total Number eligible for PrEP		PR03. Total number of clients initiated on PrEP								PR04. Total number of clients who sero-converted		PR05. Total number experienced ADR	
					Oral: Daily		Oral: Event Driven		Ring		Injectable					
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Adolescent Girls Young Women																
Discordant couples																
Displaced persons																
Fishing communities																
Military and Uniformed Service.																
Mobile populations																
Transgender																
Non-injecting Drug Users																
Truckers																
Pregnant women																
Breast feeding mothers																
People with disabilities																
Others																
<b>Total</b>																

- Disaggregated PW and BFW across all PrEP indicators, including eligibility screening
- Types of PrEP also broken down by PW, BFW
- Monitoring of adverse events/reactions

Retention, continuity is tracked through longitudinal registers that are at all HFs that offer PrEP. Individual client information is recorded in longitudinal client charts, consolidated into service registers for monthly reporting, and then submitted as aggregate data into DHIS2.

Print Version July 2024



# Importance of Routine Monitoring for PrEP for PBFW

***Robust targets for PW, BFW mean that we will need robust measures to monitor uptake, retention, safety, impact and ensure they do not slip through the cracks!***

## Why Routine Monitoring is Essential

Assess PrEP uptake and effective use among priority populations

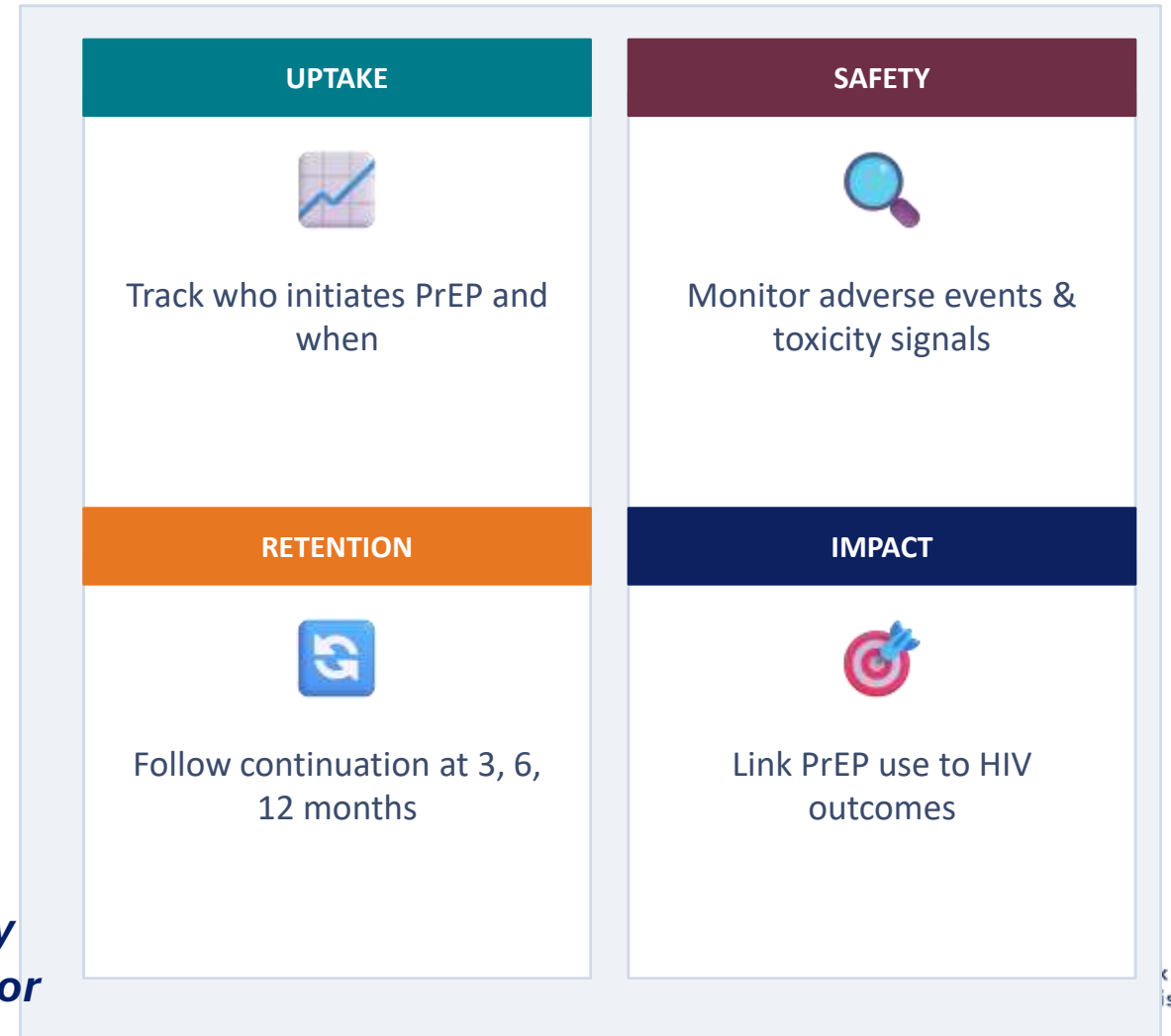
Monitor safety among pregnant & breastfeeding women on PrEP

Forecast demand and ensure uninterrupted commodity supply

Support early identification of adverse events and toxicity

Inform programme improvement and scale-up decisions

***And separation of PW and BFW is critical to ensure they are being reached as there are very different contexts for care for both!***



# Points for Further Consideration...

- Are we aligned on **core indicators** for PrEP among PBFW across ANC, maternity, and postnatal platforms?
- Are we **disaggregating PrEP for PW, BFW by age, parity?**
- For VTP prevention, **postpartum continuation may be more critical** than initiation, which brings us to **MCH patient data flow**—where are the gaps? What are we missing and how do we reduce documentation burden?
- **How will we meet the demands of breastfeeding women in other service delivery points?** Cervical cancer screening? Family planning visits?
- **LEN implementation:** what are new documentation and reporting needs? Tools adaptation (EMR, paper, etc.), updating of registers, reports, etc.
- How can we consolidate different reporting and monitoring systems for monitoring PrEP for PW and BFW?

# Thank You!



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# Monitoring PrEP for Pregnant and Breastfeeding Women in Mozambique

**Orrin Tiberi**

Strategic Information Advisor,  
National Control Program for STIs and HIV/AIDS  
Ministry of Health, Mozambique

# Outline

- Introduction and timeline of implementation of PrEP in Pregnant and Breastfeeding Women (PBFW) in Mozambique
- PrEP Reporting and Data Analysis
- Recent PrEP Updates
- Next Steps for Monitoring PrEP in PBFW

# PrEP Introduction: Mozambique



## 2021

PrEP added to National Strategic Plan

## 4

Priority indicators reported monthly

## National Strategic Plan

In 2021, PrEP was incorporated into the National Strategic Plan for the HIV Response, with **the objective of reducing new infections**, marking the beginning of nationwide expansion.

The first of five pillars focuses on the reduction of new infections, identifying PrEP as one of the primary mechanisms.

## Monthly Reporting: 4 Priority Indicators

*Reported by age/sex and population type:*

1

**Eligibility for PrEP**

*Number eligible to take PrEP (to measure uptake)*

2

**New PrEP initiations**

*Clients starting PrEP for the first time in their lives*

3

**PrEP re-initiations**

*Clients who previously took PrEP*

4

**PrEP usage**

*Clients receiving PrEP in reporting period*



# 2021 Algorithm for PW/BFW and PrEP

- PrEP was offered Only for PW/BFW considered at **HIGH RISK**
- As defined by the eligibility criteria:

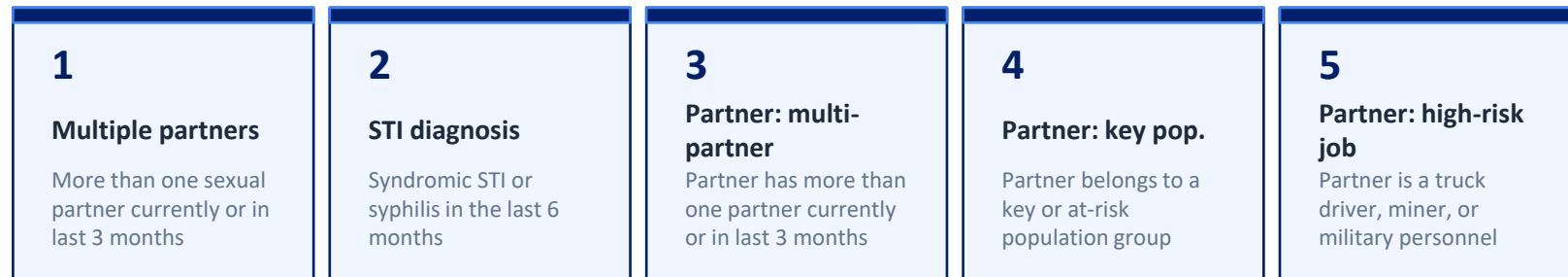
Pregnant or Breastfeeding Women aged 10 years or older who meet the risk factors were eligible for PrEP:

## PrEP Eligibility Criteria for PW/BFW

*Any ONE of the following three pathways qualifies for PrEP:*



## Sub-criteria for Criteria 3 : at least one must apply:



# PrEP Expansion-2023

2022

## EMR Integration

PrEP client chart data included in MozART national database

2023

## De-medicalization

PrEP offered to anyone requesting it, without declared HIV risk

2023

## "Outro"(Other) Category

New category added to instruments to capture expanded uptake

Two key changes shaped the 2023 reporting framework:

Client Chart data in MozART

01

### EMR & National Database Integration

PrEP client chart data was incorporated into MozART (the national EMR), enabling more detailed longitudinal analysis and richer reporting at the national level.

2023 Policy Shift

02

### De-medicalization of PrEP

PrEP was made available to anyone requesting it — even without a declared HIV risk factor. Instruments were updated to include an "Outro" (Other) population category to capture this expanded uptake.

## DHIS-2 Monthly Report — 2023 Updates

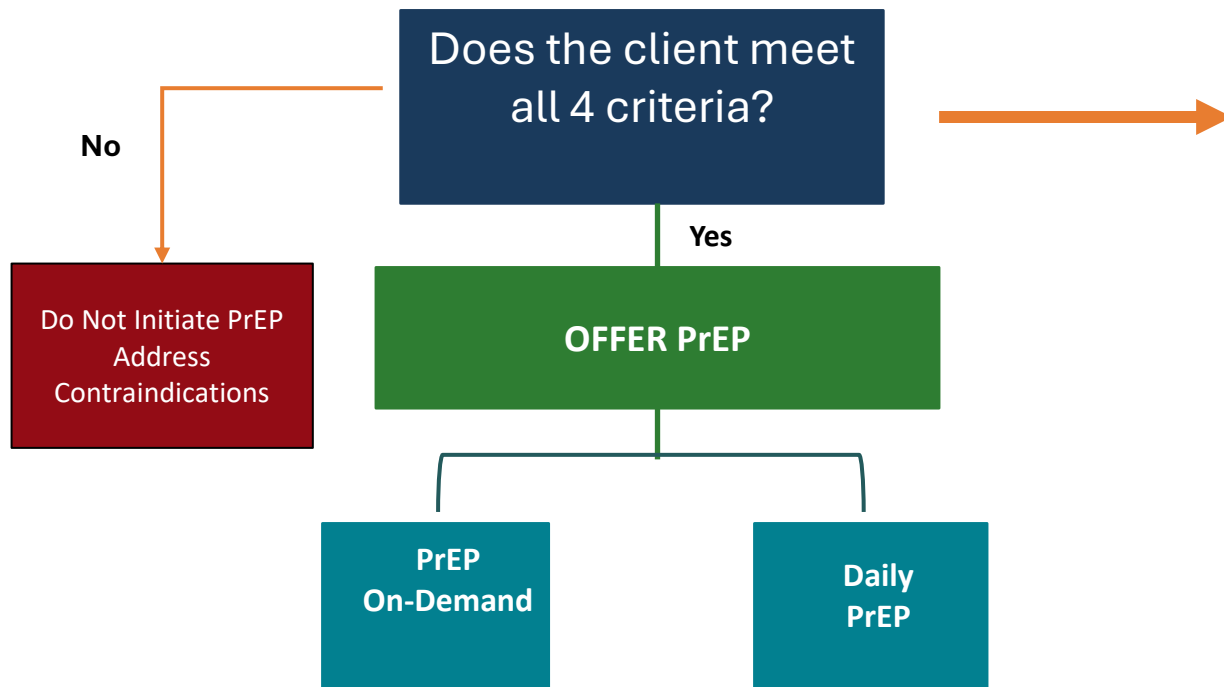
Updated population category, with "Outro" (Other) added:

Mod.SIS PrEP - 05

	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
	Estado da Mulher		Grupo Alvo												
Feminino	Mulher Grávida	Mulher Lactante	Adolescentes e Jovens em Risco	Mulheres Grávidas 15/+ em Risco	Mulheres Lactantes 15/+ em Risco	Militar	Mineiro	Camionista de Longo Curso	Casais Serodiscordantes	Reclusos	Homens que Fazem Sexo com Homens	Transgêneros	Trabalhador(a) de Sexo	Pessoas que Injectam Drogas	Outro

# 2023 Algorithm for PW/BFW and PrEP

## PrEP DECISION FLOWCHART



The client meets all the following 4 criteria

1. Result HIV-negative from test done on day of initiation
2. Without suspicion of recent HIV infection (based on a symptom screening)
3. Without counter-indication (allergy etc) for the medication used in PrEP
4. Informed oral consent to start

**With this update, any PW/BFW is eligible for PrEP**

# PrEP Provision in Mozambique 2025

- In 2025, due to the availability of novel types of PrEP such as CAB-LA, the Dapivirine Vaginal Ring, and Lenacapvir, the PrEP instruments **were revised to include type of PrEP**, the proposal seen in the monthly report
- The category for **P/BF status** is under discussion for removal (proposal seen here) due to continued data reporting issues combined with the influence of a MoH wide push for simplified reporting

Proposal DHIS-2 Monthly Report for PrEP 2025

IS PrEP - 05																
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	26
Grupo Alvo													Tipo da PrEP			
Adolescentes e Jovens em Risco	Mulheres Gravidas em Risco	Mulheres Lactantes em Risco	Militar	Mineiro	Camionista de Longo Curso	Casais Serodiscordantes	Reclusos	Homens que Fazem Sexo com Homens	Transexuais	Trabalhador(a) de Sexo	Pessoas que Injectam Drogas	Outro	Oral	Injectável	Anel vaginal	Outro

# PrEP Reporting DHIS-2 2021 – 2025 (n=880 HF)

From 2021–2025: PrEP Reporting in SIS-MA/DHIS-2

• Focused primarily on:

- Number of clients **newly initiating** PrEP
- Number **receiving PrEP** in a given reporting period (monthly refills)

**Impact of Multi-Month Dispensing (MMD) Expansion**

- Clients no longer visit monthly → aggregated DHIS-2 data harder to interpret for true continuation

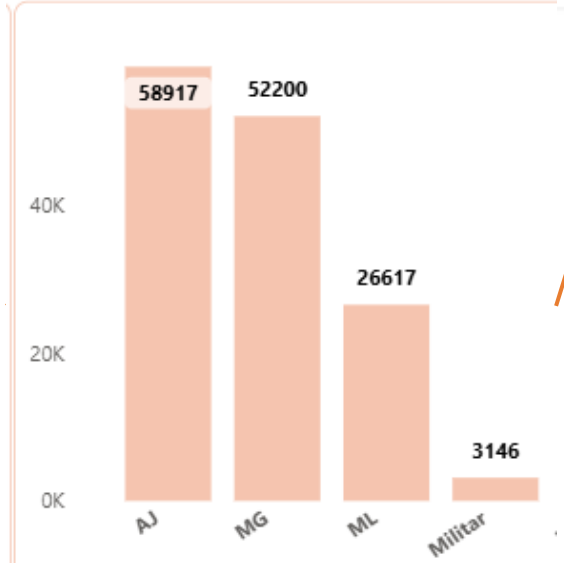
**Example in 2025:**

- **60,430** pregnant women received PrEP in at least one consultation, of whom **52,200** were also newly initiated.
- This narrow difference between total recipients and new initiations may suggest substantial challenges with PrEP continuation under routine service delivery.

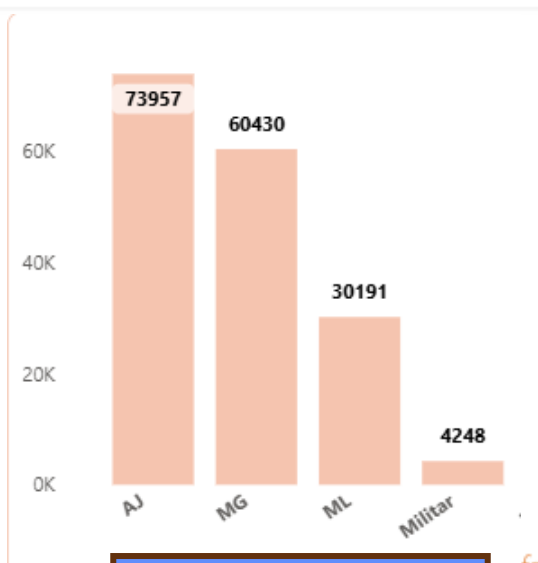


2025

PrEP Distribution by Pop. Group



Newly Initiating



Received PrEP

# PrEP Continuation Analysis (EMR Data 2019-2024) (n=648 HF)

## KEY FINDINGS

**483,074**

clients initiated PrEP (2021–2024)  
4% BFW (19,441) • 15% PW (71,341)

**~30%**

Of PFW had 2+ consultations - 28% of BFW and 31% of PW

**56% → 22%**

decline in proportion of PFW returning for a second consultation between 2022 to 2024

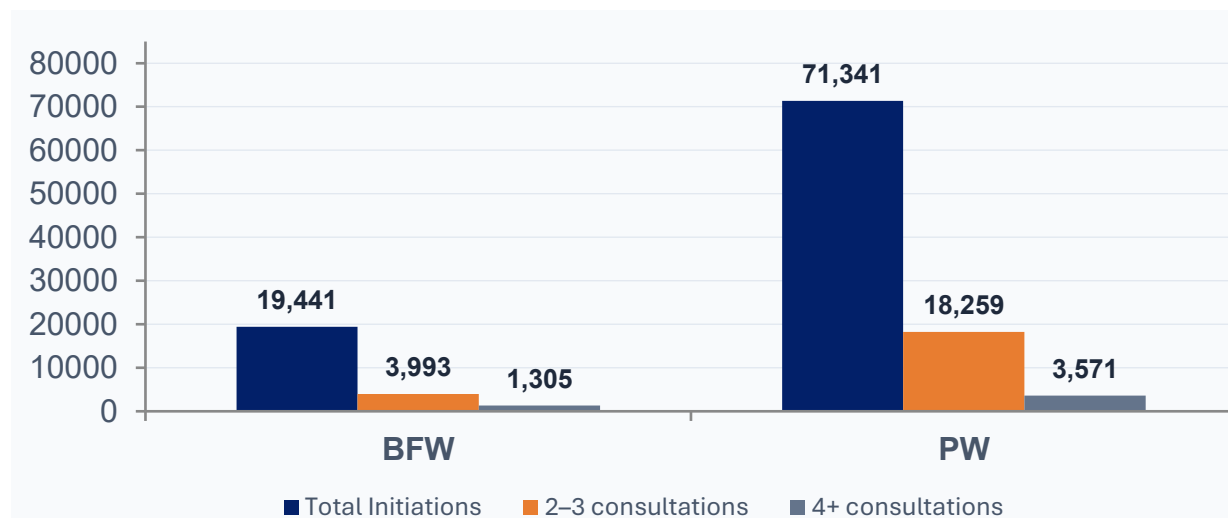
⚠ ***Sustained continuation (2+ visits) remains a significant challenge***

⚠ ***This analysis is not routine, however is being evaluated for standardized analysis***

## CLIENTS BY CONSULTATION TYPE

	BFW #	BFW %	PW #	PW %
<b>Total Initiations</b>	<b>19,441</b>	<b>4%</b>	<b>71,341</b>	<b>15%</b>
<i>Only initial consultation (1)</i>	<i>14,143</i>	<i>73%</i>	<i>49,511</i>	<i>69%</i>
<b>2–3 consults</b>	<b>3,993</b>	<b>21%</b>	<b>18,259</b>	<b>26%</b>
<b>4+ consults</b>	<b>1,305</b>	<b>7%</b>	<b>3,571</b>	<b>5%</b>

## PrEP CLIENTS BY CONSULTATION DEPTH



# Recent PreP Updates

## CAB-LA

- Pilot is underway in Nampula focused on adolescents and young people 15-2yr (M&F), reaching approximately 670 clients. Continuation has been a challenge, with <30% of clients returning for the second visit.

## Dapivirine Vaginal Ring (DVR)

- Pilot is underway in Nampula, focused on adolescent girls and young women, reaching approximately 300 clients. Uptake also has not been ideal here due to low acceptance rates.

## Lenecapavir (LEN)

- The phased introduction for LEN will start in the first quarter of 2026, with 46,500 clients expected to be initiated through the end of 2026.
- Current eligibility criteria are open to all populations, hopefully allowing for a rapid expansion of usage



# Monitoring PrEP for PBFW in 2026 and Onwards

1

**Revisions to the national PrEP** data collection instruments are currently being finalized, including the addition of variables capturing the type of PrEP offered.

2

Further innovations — including **integration of combined prevention services (including PrEP)** into the HIV testing register — are planned for 2026 and may strengthen routine reporting and data completeness.

3

Community activists, historically supported through PEPFAR, play a critical role in monitoring and improving PrEP continuation among pregnant and breastfeeding women. **However, recent disruptions related to the Stop Work Order have created operational challenges.** Continuation and sustainability of community-based activities are under discussion as part of MOU operational planning.

# Obrigado



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# Panel Discussion

## Moderators



**Lulu Ndatani**  
HIVE Regional Clinical  
Advisor, ICAP Kenya



**Bernadeta Msongole**  
HIVE Regional Clinical  
Advisor ICAP, Tanzania



**Laurian Tungaraza**  
HIVE Regional M&E  
Advisor, ICAP Tanzania

## Discussants



**Orrin Tiberi**  
Strategic Information Advisor  
MOH, Mozambique



**Chimuka Sianyinda**  
Strategic Information Officer  
MOH, Zambia

# Thank you.



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