

# "All HIV-negative pregnant and breastfeeding women should be considered eligible for PrEP."

Elizabeth Irungu, Jhpiego

Advancing HIV Prevention and PrEP  
for Pregnant and Breastfeeding Women  
Nairobi, Kenya | April 22-24, 2026



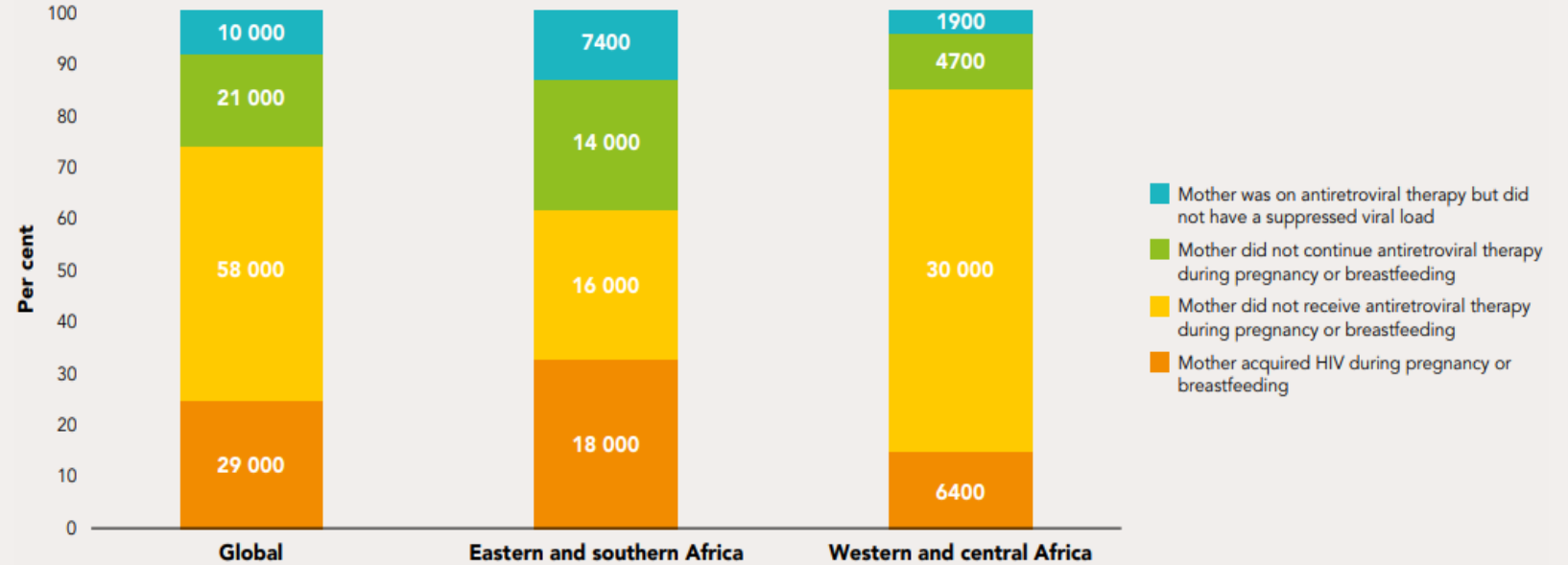
**HIV**  
Impact Network for  
Vertical Transmission  
**E**limination



# Pregnant and breastfeeding women have an elevated risk of HIV

A third of new infections among children are due to women acquiring HIV in pregnancy and postnatal period

**Figure 2.10.** Stack-bar analysis of reasons for new HIV acquisitions among children, 2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

# The Case for Universal Approach for PBFW

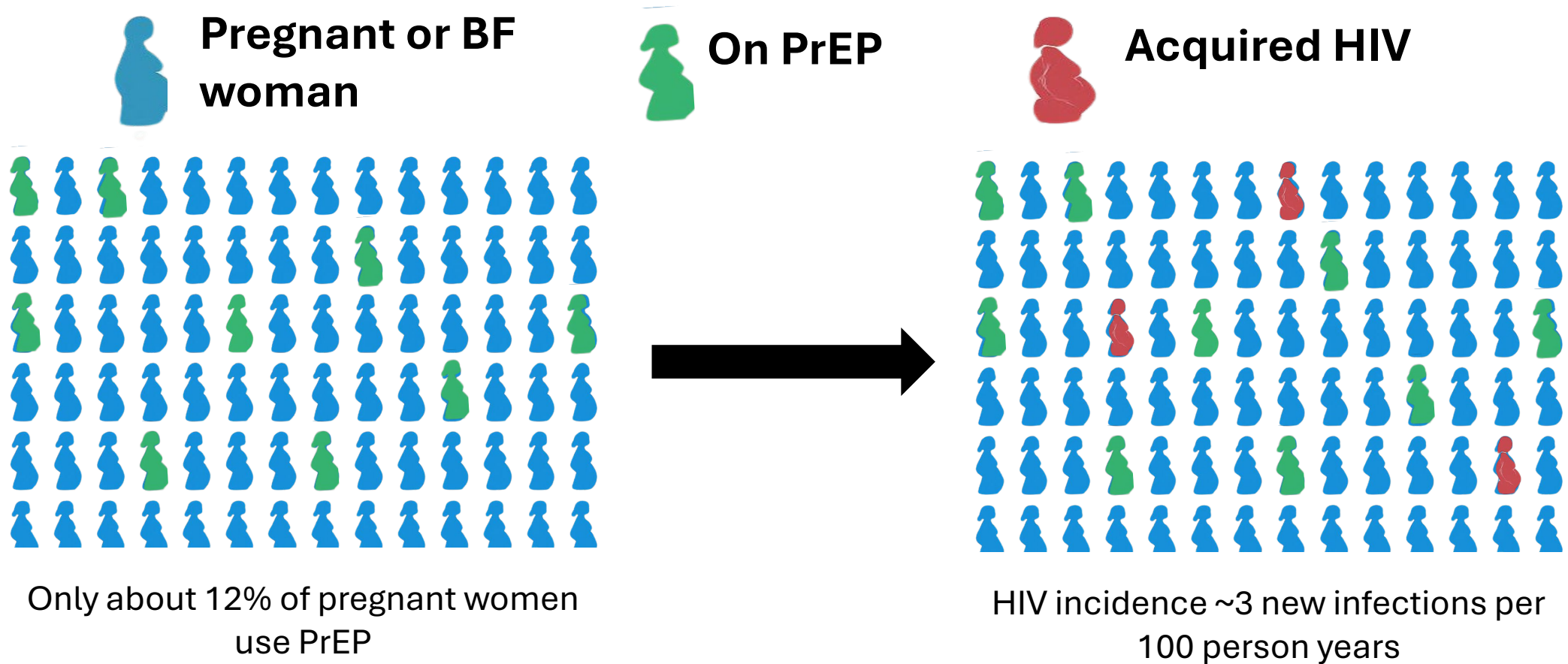
Risk Tools Do Not  
Always Work

Opt-out approach is more  
affordable than you think

Reduces burden on  
provider and health system

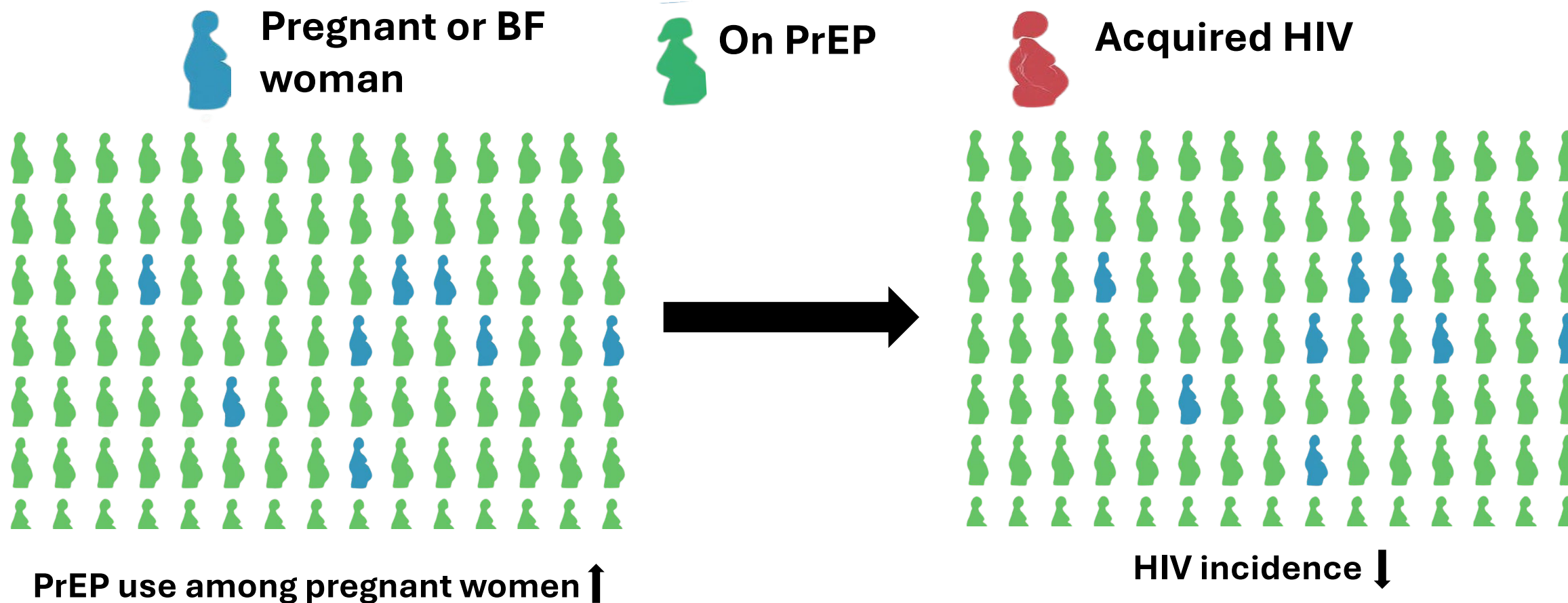
Normalizes prevention –  
a path to epidemic control

# Targeted Approach – Use of Risk Assessment



The chance that we will identify and cover the right woman with PrEP to keep her from HIV is quite **low**

# Universal Approach – Offer all, Unless they Decline



The chance that we will identify and cover the right woman with PrEP to keep her from HIV is quite **high**

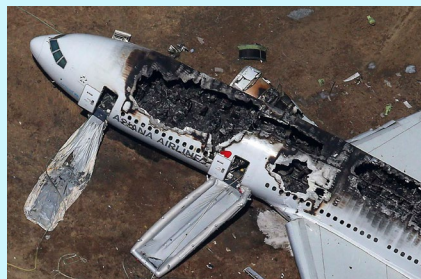
**Risk screening tools are  
useful... but are they?**

# Overestimate Risk

Rare, dramatic events



**Outbreaks, disasters,  
plane crashes**



## Overestimate Risk

Rare, dramatic events



Outbreaks, disasters,  
plane crashes



## Underestimate Risk

Common, hidden habits



Failing to floss,  
or exercise or  
use a condom



**We often misjudge risk, and think our common everyday actions do not put us at high risk for disease**



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EDITED BY  
Phetole Walter Mahasha,  
Tshwane University of Technology, South  
Africa

REVIEWED BY  
Victoria Boggiano,  
University of North Carolina at Chapel Hill,  
United States  
Haithem Taha Mohammed Ali,  
University of Zakho, Iraq

\*CORRESPONDENCE  
Twaambo Euphemia Hamoonga  
✉ tehams24@gmail.com

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# HIV risk perception and associated factors among pregnant and breastfeeding women in Zambia: implications for PrEP uptake in antenatal and postnatal settings

Twaambo Euphemia Hamoonga<sup>1\*</sup>, Wilbroad Mutale<sup>2</sup>,  
Karen Hampanda<sup>3</sup> and Benjamin H. Chi<sup>4</sup>

<sup>1</sup>Department of Population Studies and Global Health, School of Public Health, University of Zambia, Lusaka, Zambia, <sup>2</sup>Department of Health Systems Management and Policy, School of Public Health, University of Zambia, Lusaka, Zambia, <sup>3</sup>Department of Obstetrics and Gynecology, School of Medicine,

**87%**

Never used condoms with their primary partner

**18%**

Did not know their partner's status

**33%**

Thought they were vulnerable to HIV







# Risk assessments exclude truly high risk women

il 22-24, 2026

**Opt-out approach is more  
affordable than you think**

RESEARCH ARTICLE

## Risk-based versus universal PrEP delivery during pregnancy: a cluster randomized trial in Western Kenya from 2018 to 2019

John Kinuthia<sup>1,#</sup>, Julia C. Dettinger<sup>2,§,#</sup> , Joshua Stern<sup>2</sup>, Nancy Ngumbau<sup>1</sup>, Ben Ochieng<sup>1</sup>, Laurén Gómez<sup>2</sup>, Felix Abuna<sup>1</sup>, Salphine Watoyi<sup>1</sup>, Mary Marwa<sup>1</sup> , Daniel Odinga<sup>1</sup>, Anjuli D. Wagner<sup>2</sup>, Barbra A. Richardson<sup>2,3,4,5</sup>, Jillian Pintye<sup>2,6</sup> , Jared M. Baeten<sup>2,7,8,9,##</sup>  and Grace John-Stewart<sup>2,7,8,10,##</sup>

§**Corresponding author:** Julia C. Dettinger, Hans Rosling Center for Population Health, 3980 15th Ave NE, Box 351620, Seattle, WA 98195, USA. Tel: +206 221 1041. ([jcdettin@uw.edu](mailto:jcdettin@uw.edu))

Clinical Trial Number: NCT03070600

- Randomized clinics to universal offer vs risk screening (n= 4447)
- Findings:
  - Majority of women (68% of universal PrEP) made appropriate decisions
  - 9% of women in universal PrEP chose to use PrEP while at low risk

# The Cost of "Unnecessary" PrEP

What does it actually cost to offer PrEP to a pregnant woman who turns out not to need it?

**\$356 - 456**

Per person/year

Estimated PrEP cost in Kenya during pregnancy & breastfeeding

**\$965**

Per DALY averted

Well within WHO cost-effectiveness thresholds

**Time limited - for 1-2 years**



PrEP use may end after pregnancy and breastfeeding — it is not for life  
An "unnecessary" prescription costs a few hundred dollars — and only for a limited time.

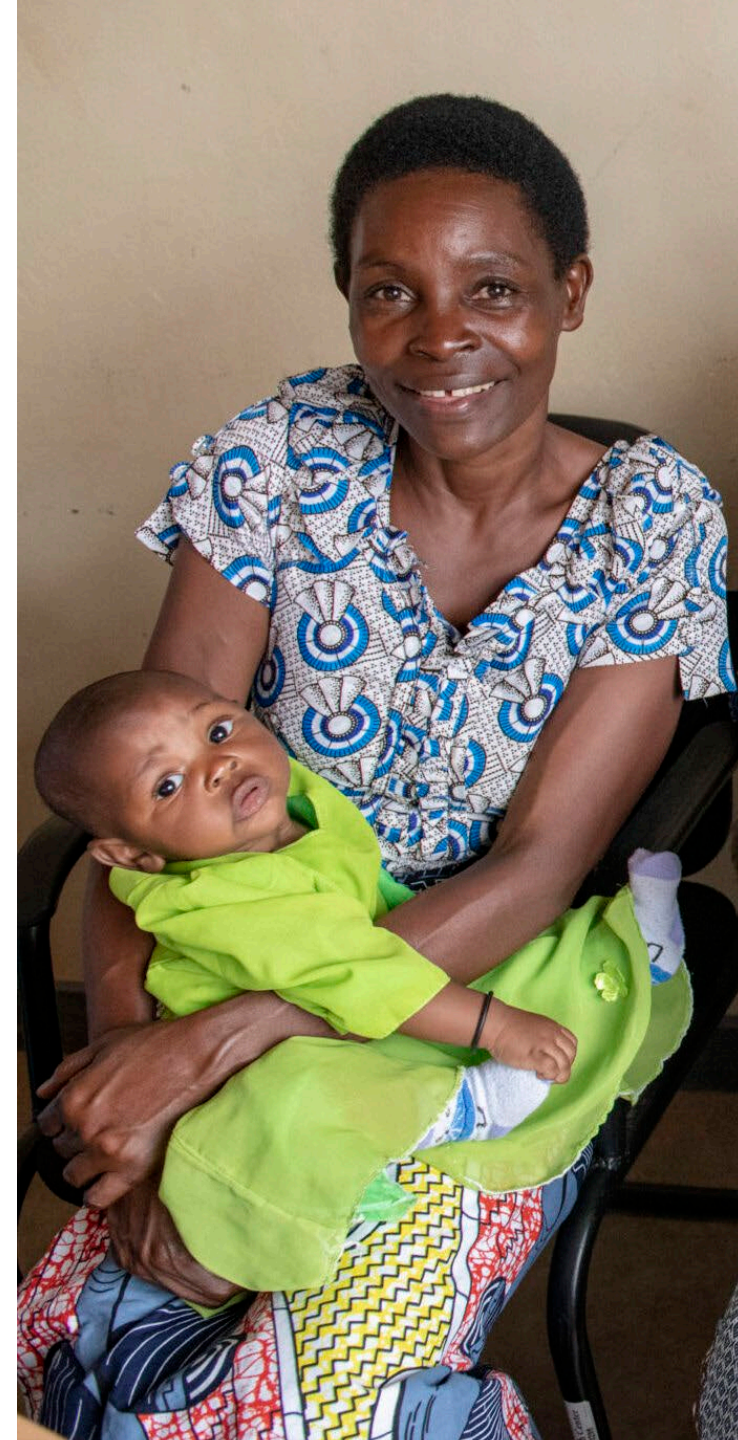
# The True Cost of a New HIV infection in PBFW

When a pregnant woman who needed PrEP doesn't get it, the financial consequences compound – for decades

**\$400 - 757**

per year, for life

ART costs continue for 20-40+  
years



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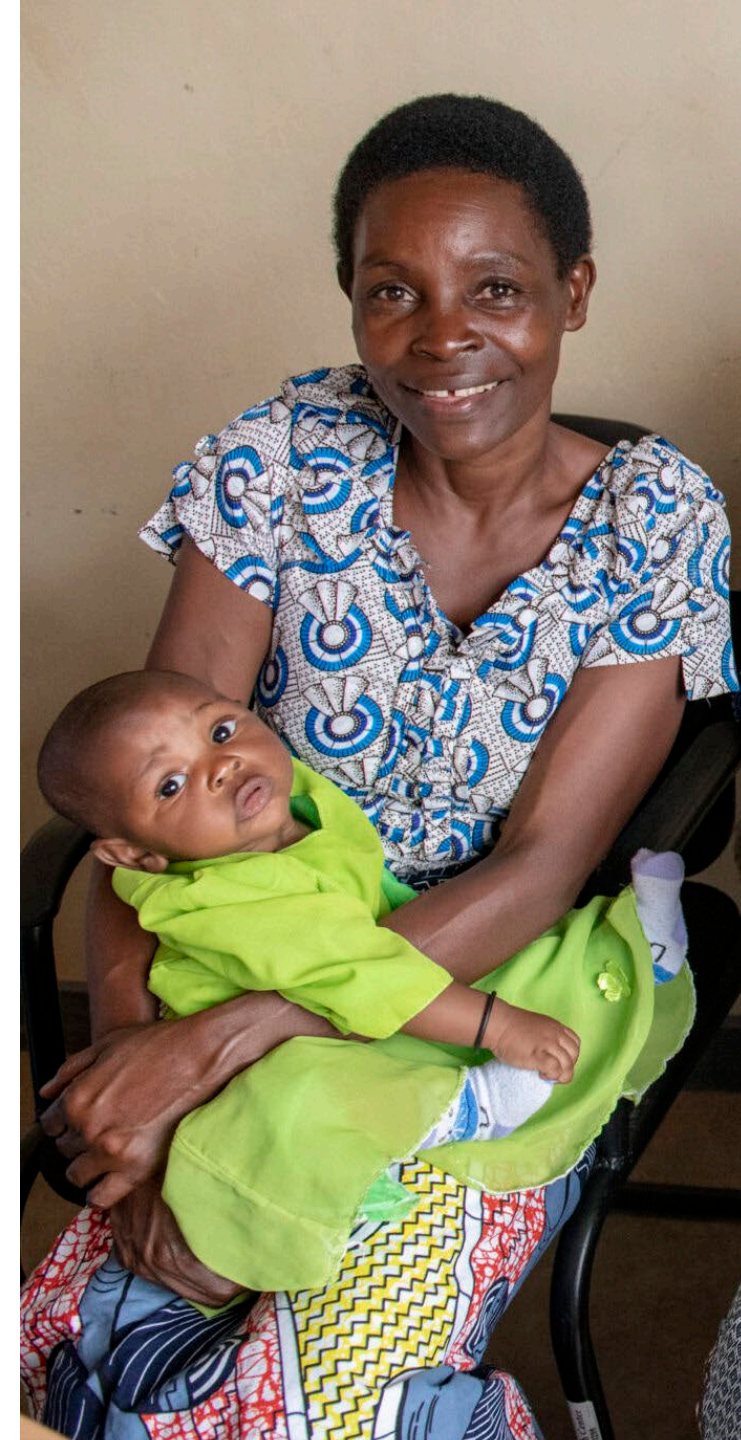
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**2 cases**

**Vertical Transmission Risk**

The maternal infection MAY lead  
to a second lifelong infection –  
the child



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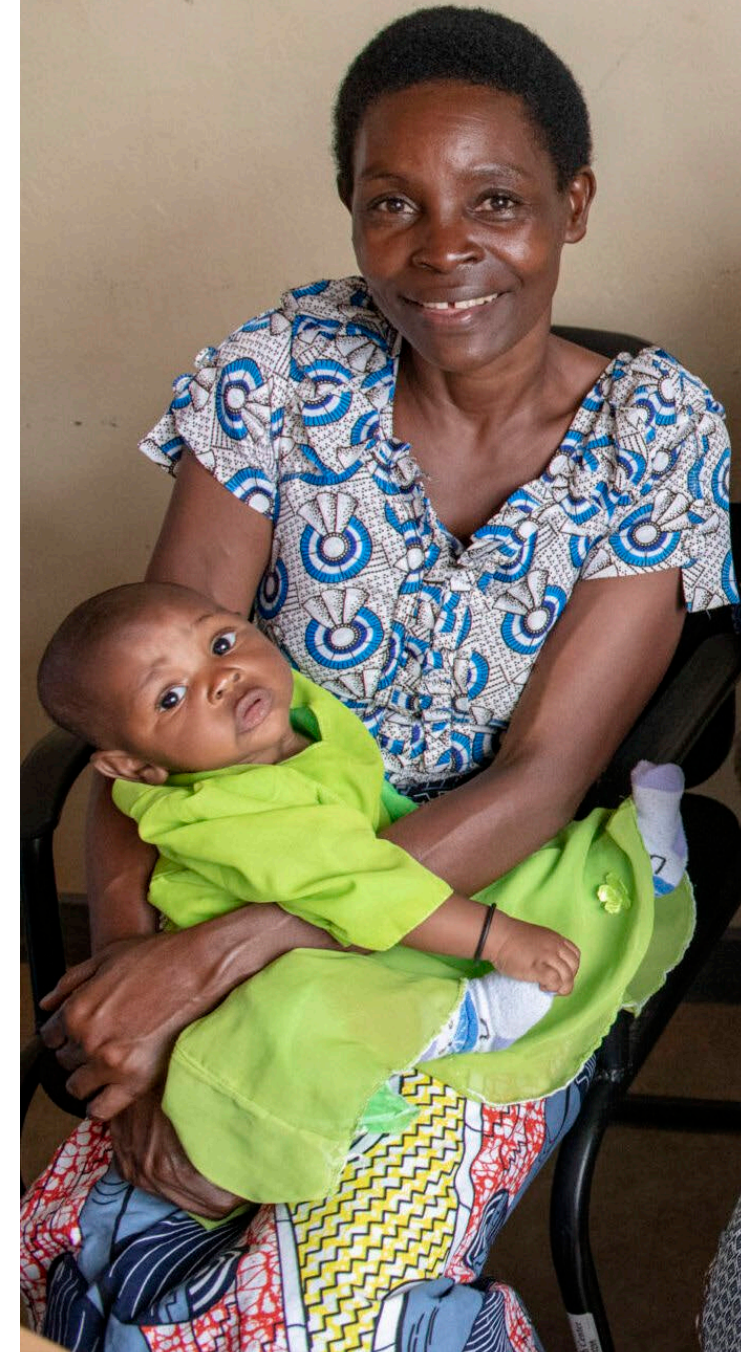
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**∞**

**On-going transmission**

Partners and community members –  
costs keep multiplying

A single missed case creates lifelong multiplying costs – for  
mum, child and beyond



# The cost of over-treating is small and temporary

- The cost of under-protecting is permanent and compounding
  - Prevention reduces future costs; missed cases multiply them.

**Making PrEP Routine Reduces  
Provider Burden – It does not  
increase it**

# A Universal PrEP Offer Makes Life Easier for Providers



## Risk-based approach

- Deciding who to screen and who not to
- Rapid screening under time pressure
- Judging ‘who is at risk enough’
- Explaining why some are offered and some are not
- Checklists, documentation, repeated assessments

**Result: Higher workload, more complex, inconsistent**

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## Universal approach

- Same message for every client
- No eligibility decisions
- Embedded into routine ANC/PNC visits
- Default offer – client decides
- Standard integrated simple documentation

**Result: Faster, simpler, more consistent**



"Risk-based PrEP increases provider workload. Universal PrEP reduces it by removing unnecessary decision-making."

# Universal PrEP does not add burden



- Standardization helps overburdened systems cope and deliver efficiently
  - Universal PrEP applies this principle
- Structured risk tools do not simplify care—they add layers of work

**Normalizes prevention – a path  
to epidemic control**

# Risk-Based PrEP reinforces stigma and drives inequity

No more being selected and labelled

Shifts narrative from "high-risk behavior" to "standard of care"

Woven into ANC/PNC visits - expected, accepted and becomes norm

**Universal offer is a person-centered approach**

Offer and allow women to choose what they want.

We cannot - and should not - be gate keepers of prevention



Epidemics are not controlled by targeting a few—they are controlled by normalizing prevention for many.

**Universal PrEP offer is how we end new HIV infections among pregnant and breastfeeding women**

# The Case for Universal Approach

Risk screening will miss  
at risk women

Universal approach cost is  
small and temporary

Burden on provider  
is reduced

Normalizes prevention &  
promotes equity



**Ending HIV Infections  
Among Pregnant &  
Breastfeeding Women  
Starts With You**

**Make the choice for  
universal offer of  
PrEP**

# Thank You!

