HIVE Annual Meeting
22-24 April 2026| Nairobi, Kenya

Advancing HIV Prevention and Pre-Exposure Prophylaxis for Pregnant and Breastfeeding Women

Summary Report

HIV Impact Network for Vertical Transmission Elimination

Summary

In 2026, HIVE is collaborating with country programs to expand access to HIV testing while integrating and scaling up pre-exposure prophylaxis (PrEP), including lenacapavir (LEN) and other long-acting modalities, for pregnant and breastfeeding women (PBFW) within maternal and child health (MCH) settings.

The purpose of this all-network meeting was to accelerate these efforts in Kenya, Mozambique, Nigeria, South Africa, Tanzania, and Zambia; its specific objectives are presented in Box 1.

[**Caption:** *Group photo of all participants at the HIVE Annual Meeting*]

Box 1: 2026 HIVE Meeting Objectives

- Advance effective rollout and integration of HIV prevention (testing and PrEP) for PBFW
    - Strengthen global and country-level understanding of PrEP rollout for PBFW
    - Share emerging evidence, innovations, and country-led approaches to PrEP scale-up
    - Identify opportunities and challenges in service delivery, MCH/PrEP integration, and PrEP demand generation
    - Improve monitoring and evaluation (M&E) of HIV prevention for PBFW
- Review VTP indicators and define priority interventions to accelerate progress

Problem Statement

In 2024, an estimated 120,000 children acquired HIV and nearly 90% of new pediatric infections occurred in sub-Saharan Africa. Just under a quarter of new pediatric HIV infections in 2024 were attributable to mothers acquiring HIV while either pregnant or breastfeeding. Integrating PrEP into MCH platforms offers a strategic opportunity to reduce the risk of maternal HIV acquisition and accelerate progress towards vertical transmission elimination (VTE) goals and LEN, which is injected every 6 months, could be an especially powerful intervention.

However, successful integration of HIV prevention and PrEP into MCH services (PrEP/MCH integration) requires ministries of health (MOH) to address numerous health system and implementation challenges while also remaining focused on the entire vertical transmission prevention (VTP) cascade. For example, early infant diagnosis (EID) testing coverage fell in five of the six HIVE countries in 2025 and strengthening follow-up and care for HIV-exposed infants (HEI) is a high priority across the network in 2026.

Meeting Achievements

The 2026 HIVE meeting was characterized by open discussion and enthusiastic participation by approximately 90 representatives from MOH and civil society. Throughout, recipients of care and civil society partner organizations provided vital insights into gaps in service integration and person-centered care. The US Department of State, Global Health and Security Division, which supports LEN for PBFW as a core HIV prevention tool, participated in discussions about the LEN rollout. Additionally, representatives from MOH Eswatini, a CQUIN country that has been a leader in the LEN roll-out and inclusion of PBFW, also attended to share valuable learning.

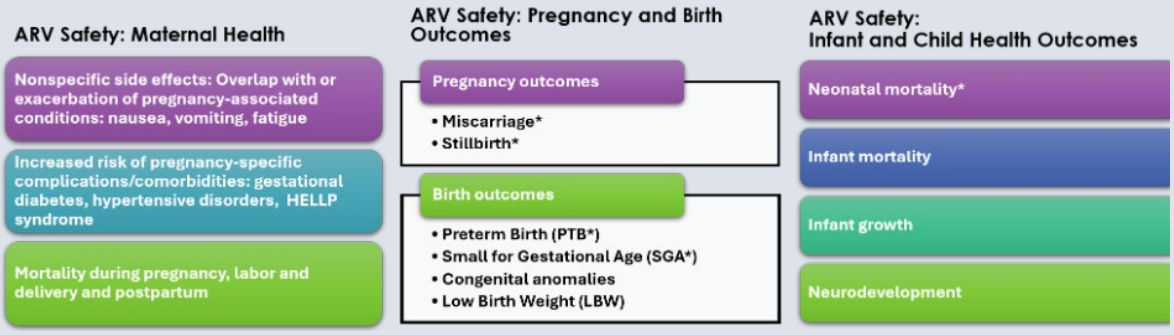
The meeting format emphasized interaction and engagement. Sessions included presentations on global updates and country-led approaches, lively plenary discussions, action-oriented country breakout sessions, and a prevention tools lab where participants rotated around six demonstration stations. Presentations and the featured prevention tools are available on the HIVE website. All participants who completed the meeting evaluation said that the discussions were very likely (90%) or somewhat likely (10%) to influence their approach to sustaining HIV prevention services for PBFW in the coming financial year.

Key Discussion Themes

Safety of Long-Acting PrEP.
HIVE countries have reported ongoing concerns among clients, providers, and communities about the safety of long-acting PrEP agents for PBFW and infants. The latest safety data from ongoing studies were presented, which show that data from clinical and observational studies demonstrate that current PrEP formulations appear to be safe for PBFW without dose adjustments. e.g., the PURPOSE1 clinical trial found similar pregnancy and birth outcomes for LEN and oral PrEP, which were also consistent with background rates.

A simplified framework was presented for understanding the safety of antiretrovirals (ARVs) across three interconnected domains: maternal health, pregnancy and birth outcomes, and infant and child wellbeing (Figure 1). Countries discussed how best to collect safety data as new PrEP methods are introduced and rolled out for PBFW, and the importance of safety-focused messaging for all PrEP modalities was highlighted repeatedly.

Figure 1: ARV safety for pregnant and breastfeeding women and their infants



Box 2: The Case for Opt-Out PrEP

Ethical imperative

"Risk is invisible and unknown and shaped by others"

Normalizes prevention

"No more being selected for PrEP and labelled as high risk"

Reduces burden on providers

"The way that overburdened systems cope is through standardization"

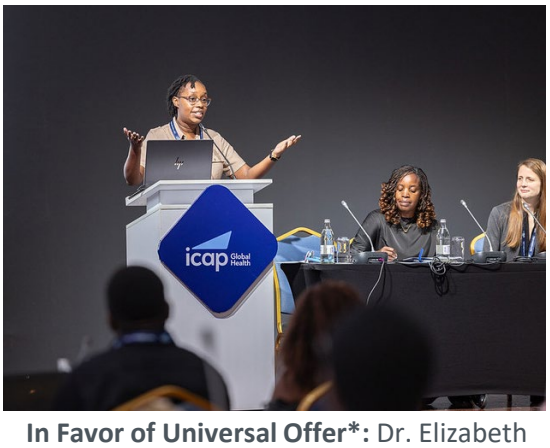
More affordable than you think

"Remember that the cost of over-treating is small and temporary, but the costs of missed cases are permanent and compound"

Opt-Out PrEP for PBFW.

A debate on the contentious question of universal PrEP eligibility for HIV-negative PBFW elicited passionate and persuasive opinions, both for and against. The debate weighed the ethical imperative of providing effective prevention during periods of heightened vulnerability, practical benefits such as simplifying workflows and reducing stigma, and concerns about cost-effectiveness, burden on MCH clinics, and quality of counseling. Among HIVE countries, Mozambique is already moving towards a policy of universal offer, while the other five countries are still deliberating the complexities of this issue. Arguments in favor of an opt-out approach to offering PrEP to PBFW are summarized in Box 2.

Against Universal Offer*: Dr. Sulanji Sivile, MOH Zambia

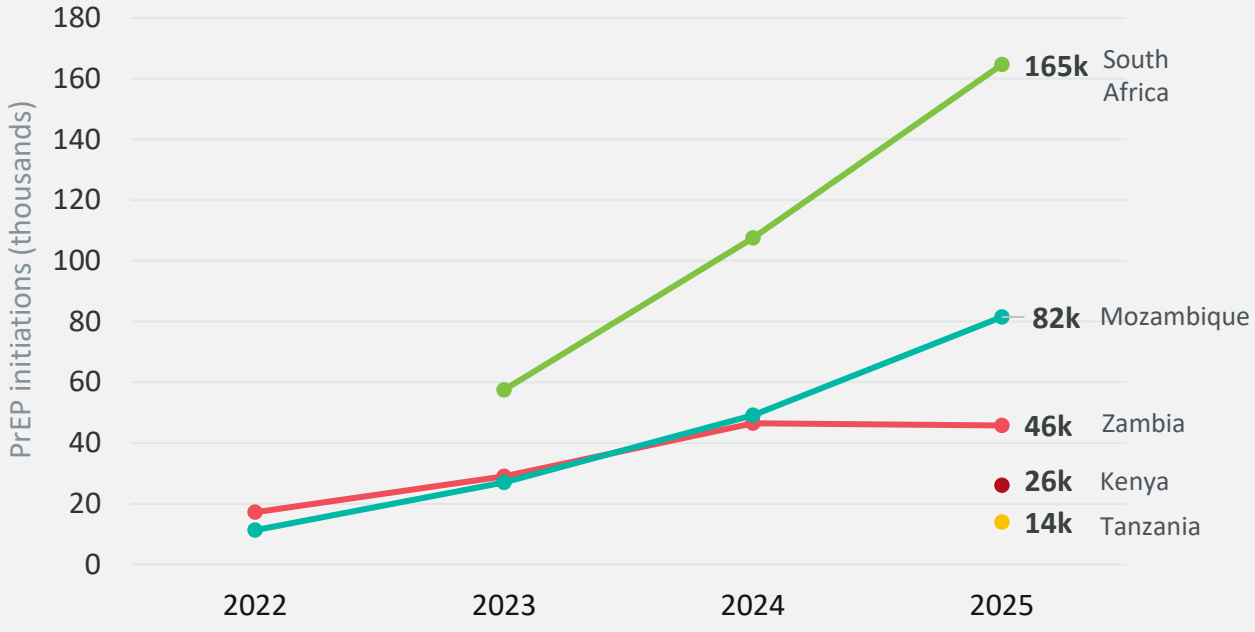


In Favor of Universal Offer*: Dr. Elizabeth Irungu, JHPIEGO Kenya

Gaps in HIV Testing.
While universal early HIV testing for pregnant women is well integrated with antenatal care, two ongoing MCH/VTP integration challenges were discussed: tracking retesting of HIV-negative PBFW across multiple MCH service points; and developing cost-effective strategies for HIV testing during the postpartum period when most new pediatric infections are identified.

PrEP Uptake and Continuation: Challenges and Solutions.
Countries shared performance data on uptake of PrEP by PBFW (see Figure 2), as well as status updates on the introduction and rollout of LEN (see Figure 3).

Figure 2: Trend in PrEP Initiation Among Pregnant and Breastfeeding Women in HIVE Countries (2022-2025)



Note: *Nigeria's data are missing because past PrEP tools did not disaggregate by PBFW. Tanzania and Nigeria provided data for only 2025*

Figure 3: Proportion of Pregnant and Breastfeeding Women on Long-acting Injectable PrEP in Kenya and Zambia (August 2025-March 2026)

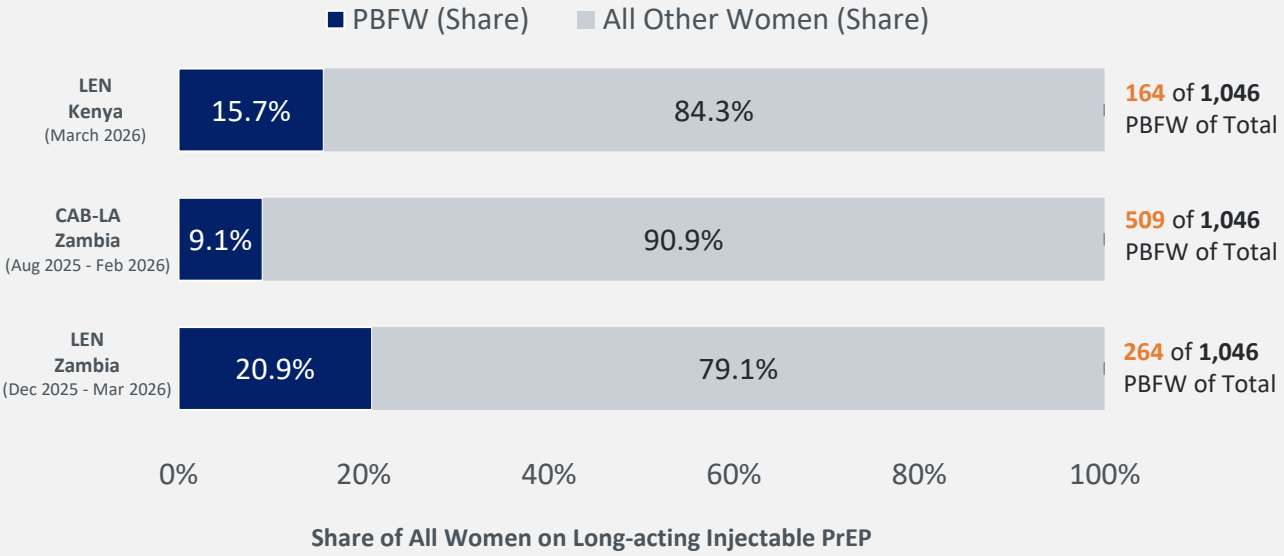
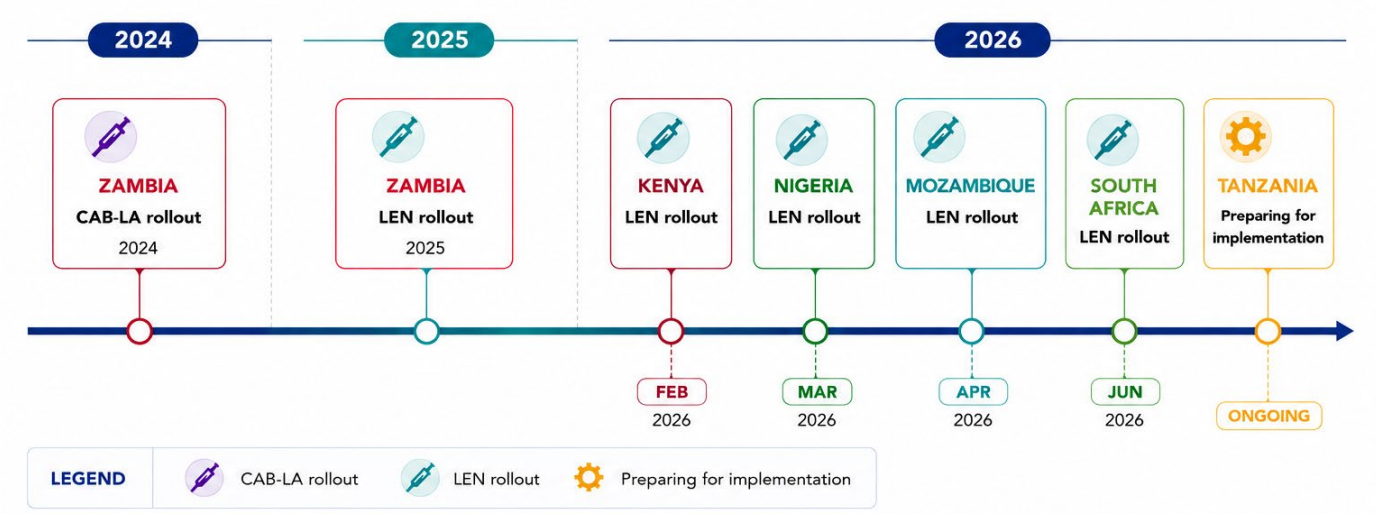


Figure 4: Timeline rollout of long-acting injectable for pregnant and breastfeeding women across HIVE countries



> **Don't judge us.**
> Prevention should reach all women who need it!
>
> *~ Voices from recipients of care at the meeting*

- **Stigma** remains a barrier to uptake of PrEP, and there was consensus that demand creation and outreach efforts should seek to normalize prevention and counter misinformation. Countries discussed ongoing challenges with HIV risk assessments at antenatal clinics and concerns about the quality of PrEP counseling. Priorities include improving quality assurance, providing better job aids, and standardizing PrEP messages with greater focus on safety and tailored content for providers, PBFW, male partners, and communities. Eswatini MOH shared its job aid for explaining PrEP options, Nigeria MOH shared its innovative WhatsApp-based health bot that supports providers with standardized messaging, and Zambia MOH shared its approach to engaging male partners and community leaders.

- **Continuation on PrEP** across different MCH service points is a challenge across the network, and discontinuation when women transition from antenatal to postnatal care is a particular weak point in the PrEP cascade. South Africa MOH presented its integrated visit schedule for mothers on PrEP, which supports a one-stop, integrated mother-infant service and offers an opportunity to strengthen referral pathways.

- **Peer support** models for PBFW on PrEP, based on VTP programs (e.g., Mentor Mothers), were presented by several countries. Best practices for managing peer support, such as Kenya's approach to coordinating facility- and community-based PrEP services and Tanzania's digital community system PrEP module, were also shared. However, participants also discussed the challenges of supporting PBFW on PrEP while grappling with the loss of funding for Mentor Mother programs.

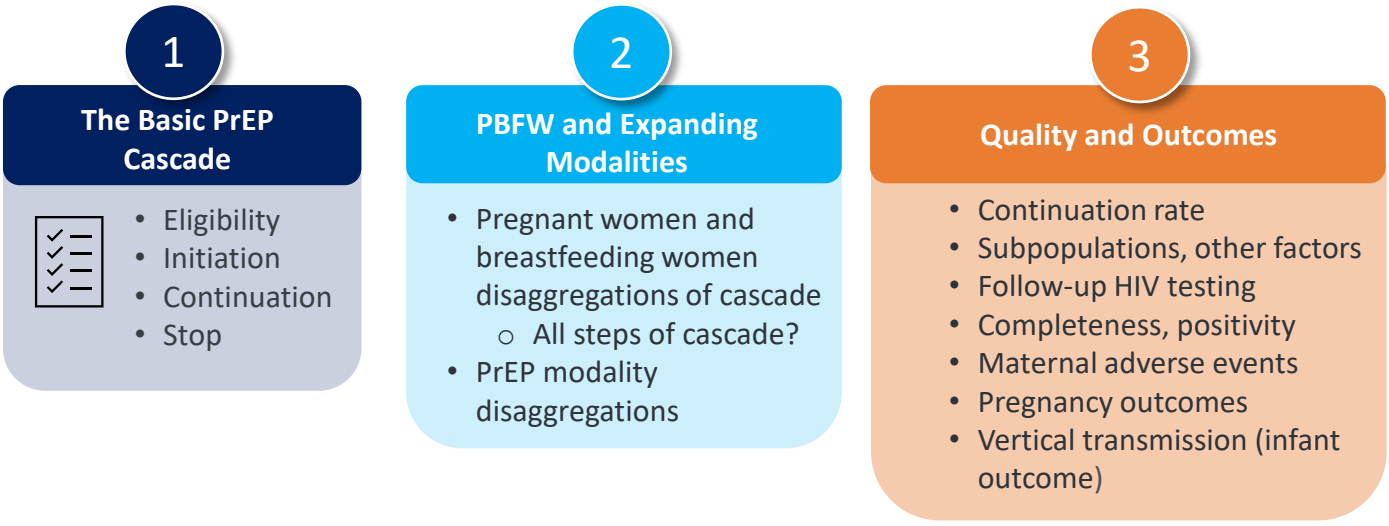
Optimizing PrEP in MCH Settings.
MOH representatives and recipients of care from each country worked together on illustrative case studies of women receiving either oral PrEP or injectable LEN in different MCH entry points (e.g., a young woman attending her first antenatal visit who had a recent negative HIV test; her regular partner is living with HIV, and she is unsure about his treatment adherence and viral suppression). Using the "who – what – where – when" framework for differentiated service delivery, country teams traced both service flow and data capture over a 12- month period to identify gaps and opportunities to improve integration for more person-centered and efficient services.

Selected learnings include the following: **Kenya** pinpointed gaps in documentation of adverse events and a lack of clarity around where second LEN injections (due after delivery) are provided; **Mozambique** highlighted a lack of technical capacity for integrating PrEP services with health child consultations; **Nigeria** identified an opportunity to synchronize three-month dispensing of oral PrEP with postnatal visits for family planning injections; **South Africa** mapped the complexity of synchronizing HIV retesting with PrEP follow-up and monitoring; **Tanzania** noted that high patient volumes and competing priorities at labor and delivery limit opportunities for person-centered PrEP initiation; and **Zambia** identified ambiguities around follow-up of women due for LEN reinjections in the post-natal period after initiation during antenatal care.

Zambia team during the PrEP illustrative session

M&E of HIV Prevention for PBFW.
PrEP services have not historically been provided in MCH clinics and countries therefore, lack follow-up and reporting mechanisms for VTP in HIV-negative women and for PBFW as priority populations for PrEP. In this interactive session, country teams critiqued a "gold standard" M&E framework for PrEP service delivery. They prioritized indicators, based on the conceptual framework in Figure 5, across four key domains required to measure uptake, retention, safety, and impact on clinical outcomes for mothers and infants.

Figure 5: M&E of PrEP for Pregnant and Breastfeeding Women: Conceptual Framework

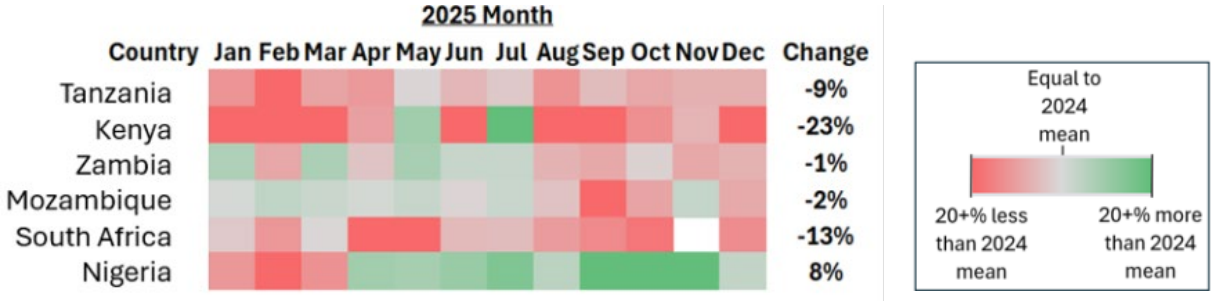


Discussions focused on strategic prioritization of essential data elements, as country teams explored tensions between the need for timely, high-quality, actionable data and the practical challenges of integrating data capture into existing systems and workflows. Agreed priorities for strengthening M&E include disaggregation of data for PBFW within existing systems; cohort-based monitoring of PrEP continuation; monitoring of HIV seroconversion and vertical transmission outcomes; and measurement of provider capacity and service quality.

Team Tanzania in the M&E group discussion

Gaps in the VTP Cascade.
As HIVE support pivots to HIV testing and PrEP, it is critical to maintain focus on the entire VTP cascade. Countries shared key performance measures for 2025 and priorities for 2026. Overall, maternal HIV testing coverage remained high in the HIVE countries between 2024 and 2025 but there were declines in both EID testing for HIVE-exposed infants (HEI) by two months of age and infant postnatal prophylaxis initiations. The "heat map" in Figure 6 illustrates monthly performance in numbers of HEI tested by two months of age compared with the mean monthly number of HEI tested in 2024. Comparing overall monthly averages for 2024 and 2025, Kenya had the largest decline (23%), followed by South Africa (13%), while Zambia and Mozambique had the least decline (1% and 2%, respectively).

Figure 6: "Heat Map" Summarizing 2025 Monthly Number of HEI Tested by 2 Months of Age versus 2024 Monthly Average Number



Country Commitments & Pathway to Impact

The meeting's closing session was a "call to action" where participants recognized the unique opportunity that the scale-up of LEN offers to protect PBFW from acquiring HIV and reach vertical transmission elimination targets, as well as the critical importance of continuing to strengthen other components of the VTP cascade. Learning and insights from the meeting were translated into updated **country action plans** for validation by MOHs, which set out priority interventions, as follows:

- **Interventions to close gaps in the VTP cascade** include PBFW-specific guidance on HIV testing, PrEP service delivery, harmonized visit schedules for PrEP and antenatal/postnatal care, strengthening counselling skills, standardizing messages, and expanding community-based follow-up and adherence support.
- **Interventions to increase the acceptability of PrEP for PBFW** include safety-focused messaging; increased involvement of recipient-of-care networks, civil society organizations, and advocacy groups; and engagement of male partners.
- **Interventions to improve data quality and use** include strengthening PrEP indicators within national data systems, moving away from paper-based documentation, and enabling community health workers to track PrEP follow-up services.

For the remainder of the project, HIVE will focus on the **pathway to impact** described in Figure 7, providing technical support to roll out priority interventions and refine implementation, while promoting ongoing engagement between countries to share solutions and expedite resolution of challenges.

Figure 7: Pathway to Impact

HIVE INTERVENTIONAL PILLARS

1. Closing gaps in the VTP cascade
2. Increasing the acceptability and demand of PrEP for PBFW
3. Improving data quality and use

WHAT HIVE WILL DO

- Convening power to share best practices
- Support ministries of health to strengthen HIV prevention services for PBFW including HIV testing and PrEP
- Strengthen integrated MCH/PrEP service delivery models: PrEP CoP and targeted country TA
- Support improvement of PrEP data systems and tracking for PBFW: M&E of PrEP CoP, country-to-country learning visit on M&E of PrEP for PBFW and collect routine national HMIS data on PrEP

OUTCOME

- Increased PrEP uptake (initiation) among pregnant and breastfeeding women
- Increased PrEP continuation among pregnant and breastfeeding women

IMPACT

- Fewer maternal HIV infections
- Fewer pediatric HIV infections
- Accelerated progress toward vertical transmission elimination

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Impact Network *for*
Vertical Transmission
Elimination