

HIVE WEBINAR

Optimizing Testing for HIV Prevention During Breastfeeding

Thursday, September 17, 2026



HIV
Impact Network for
Vertical Transmission
Elimination



Welcome and Introductions



Dr. Cassia Wells

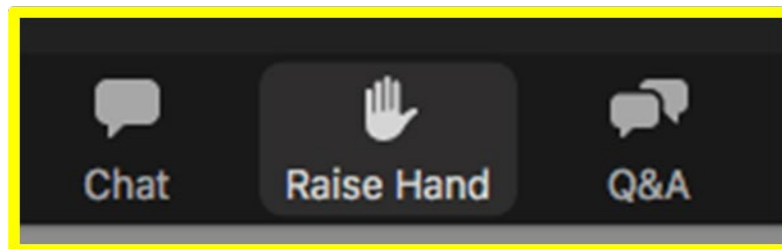
Deputy Director – Technical CQUIN

HIVE Technical Lead

ICAP in South Africa

Housekeeping

- 90-minute meeting with framing remarks, two presentations followed by a panel discussion with Q&A
- Please type questions in the Q&A box located on the toolbar at the bottom of your screen
- If you would prefer to speak, please use the “raise hand” function on the toolbar and we will unmute you so that you have control of your microphone
- Slides and recording will be available on the HIVE website (hiveimpactnetwork.com)



Agenda

- **Welcome and Introductions** – Dr. Cassia Wells, ICAP in South Africa
- **Framing Remarks** – Magdalena Barr-Dichiara - WHO
- **Country Presentation** – Dr. Linda Kisaakye Nabitaka –Uganda MOH
- **Experiences from Community Implementation** – Kunyima Lifumbela Banda - Tides 24, Zambia
- **Panel Discussion & Q&A**
 - Moderators: Bernadeta Msongole- HIVE Regional Clinical Advisor, ICAP in Tanzania; Lulu Ndatatani - HIVE Regional Clinical Advisor, ICAP in Kenya
 - Panelists: Magdalena Barr-Dichiara, Linda Kisaakye Nabitaka, Kunyima Lifumbela Banda, Chimika Phiri (Zambia MOH) and Mukome Nyamhagatta (Tanzania MOH)
- **Closing** – Dr. Cassia Wells, ICAP in South Africa

Moderators



Bernadeta Msongole
HIVE Regional Clinical Advisor
ICAP in Tanzania



Lulu Ndapatani
HIVE Regional Clinical Advisor,
ICAP in Kenya



Framing Remarks

Magdalena Barr-Dichiara
World Health Organization

HIV Testing During Pregnancy & Breastfeeding and Linkage to Prevention

Magdalena Barr-DiChiara
Michelle Rodolph
Busi Msimanga

Department for HIV, TB, Hepatitis and STIs
World Health Organization
September 17th, 2026



HIV testing services are essential components of prevention and treatment

WHO's 5 Cs

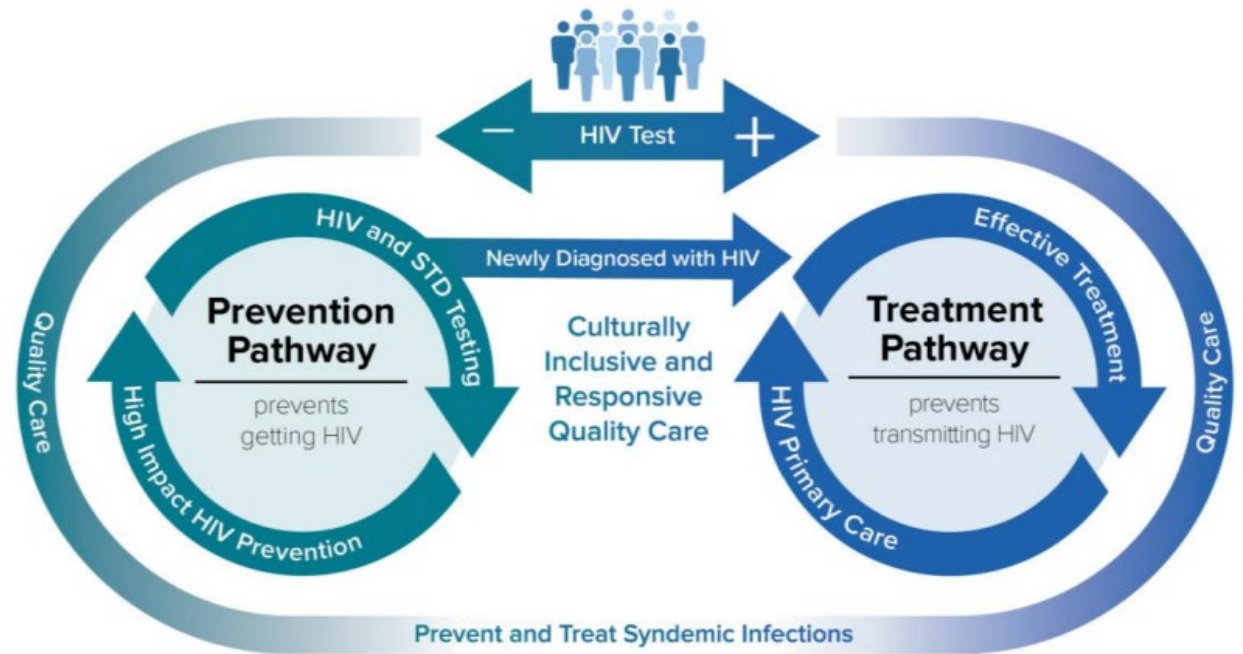
Consent — always voluntary

Confidentiality

Counselling — information sharing

Correct — accurate

Connection — linkage to appropriate prevention, treatment and care



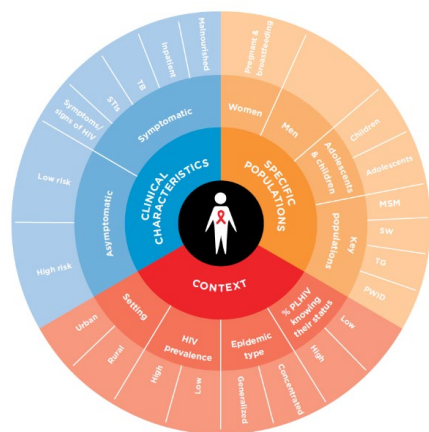
Source: CDC, PEPFAR, WHO, IAS, BMGF, 2022

Strategic principles for testing services

Testing approaches need to consider three dimensions for implementation:

1. **Mobilizing** and creating demand for testing
2. Testing **service delivery**
3. **Linkage** to post-test services

Approaches are then adapted based on the context, population and epidemic



	Mobilizing and creating demand	HTS implementation	Linkage to care
When	Continuous, intermittent or focused	Time of day and frequency	Time period for linking and frequency of monitoring
Where	Location of mobilization activities	Health facility, other facility, community	Location of linkage activities
Who	Who does the mobilizing? Who is the focus for messages and mobilization?	Who does the testing? Who is the focus for testing?	Who supports linkage to prevention or treatment?
What	What package of services and demand creation interventions?	What testing approach?	What linkage intervention?

Source: WHO 2019; IAS 2018

WHO Guidance on testing in ANC

The four main components of testing services needed to achieve EMTCT are:



Early maternal testing and catch-up testing

Ensuring every pregnant woman is tested at first antenatal care (ANC) visit for HIV, syphilis and hepatitis B. Providing catch-up testing whenever a testing opportunity is missed, for pregnant or breastfeeding persons of unknown HIV status.



Retesting in third trimester and/or during breastfeeding

Strengthening maternal retesting in the third trimester and during breastfeeding to maximize prevention of new infant infections in high-burden settings and for key populations.



Linkage to ART or PrEP

Engaging pregnant and breastfeeding women in HIV prevention and care, including ART and PrEP as needed.



Network-based testing services

Expanding access to partner services, social network testing, and family testing through innovative testing strategies (e.g., self-testing) and enhancing male engagement in ANC.

Early countries to roll out LEN in AFRO

All countries are continuing women on LEN who become pregnant

- All countries but one are also initiating pregnant women on LEN

Push to expand LEN to pregnant and breastfeeding women and eliminate mother to child transmission of HIV by the end of 2028



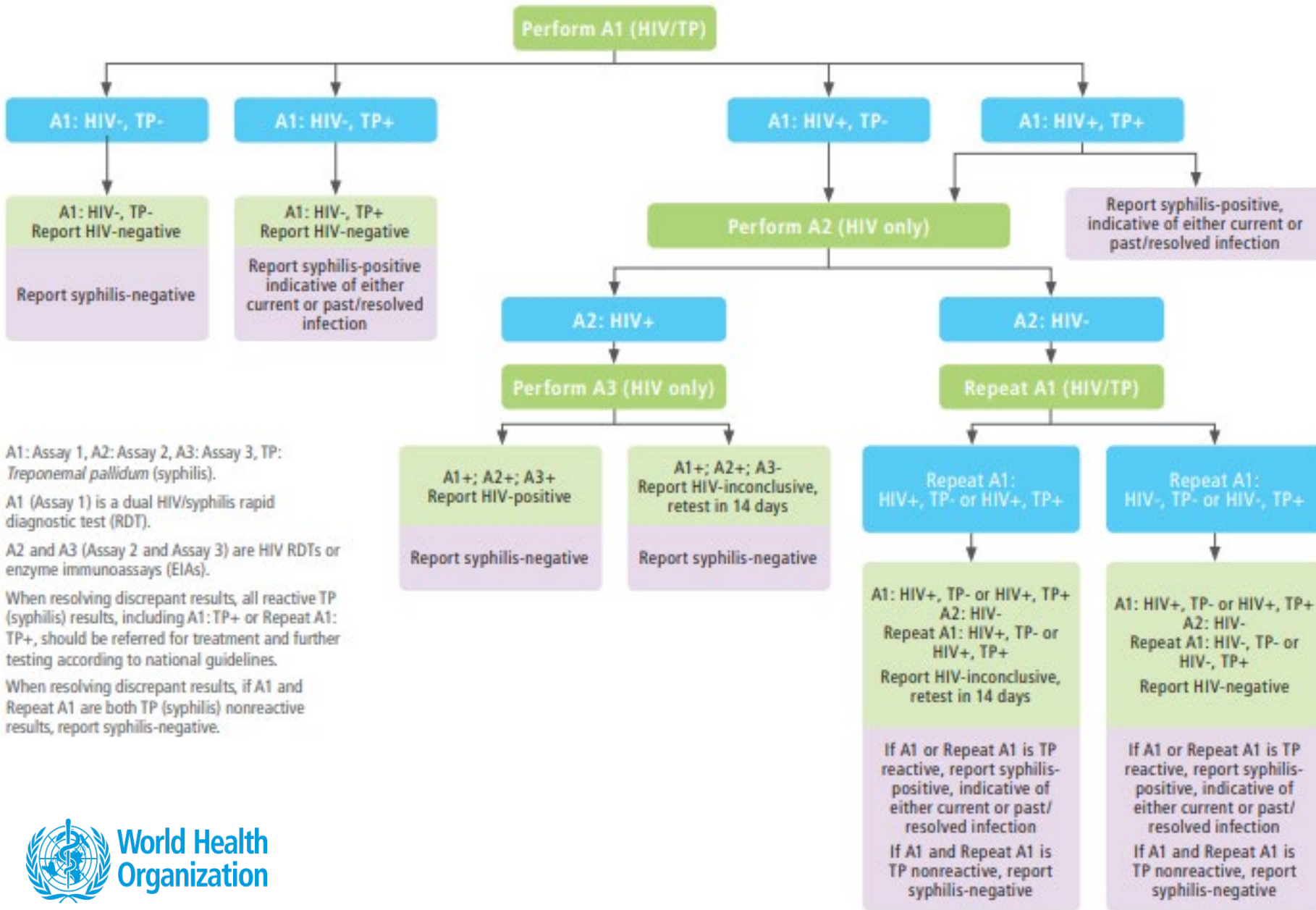
LEN uptake among PFW in early adopter countries



- **Eswatini** **22%** of people on LEN are PFW
- **Kenya** **23%** of women on LEN are PFW
- **South Africa** **25%** of people on LEN are PFW
 - 17% pregnant
 - 8% breastfeeding
- **Uganda** **23%** of people on LEN are PFW
 - 13% pregnant
 - 8.8% breastfeeding
- **Zambia** 15% of people on LEN are PFW

Guidance on HIV testing in pregnancy and breastfeeding

Strategy for dual detection of HIV and syphilis



***Prioritize lower cost
A1, including dual
HIV/syphilis RDT***

WHO Guidance

Setting	Time points		
	Early in pregnancy (first antenatal care visit)	Late in pregnancy (third trimester ANC visit)	1 additional postpartum retest (14 weeks, six-months or nine-months post-partum)
High HIV burden settings	All	All	Can be considered for those at high ongoing risk
Low HIV burden settings	All pregnant women as part of EMTCT	Can be considered for those at high ongoing risk	Can be considered for those at high ongoing risk
Among key population groups and their partners	All settings	All settings	All settings

***Identify
priorities &
adapt to
limited
resources***

Initial testing and catch-up testing

All pregnant women should be tested for HIV, syphilis and hepatitis B surface antigen (HBsAg) at least once and as early as possible, ideally at the first ANC visit (1).

Dual HIV/syphilis rapid diagnostic tests (RDTs) can be used as the first test in HIV testing strategies and algorithms in ANC settings (1).

Catch-up testing following a missed or delayed first test or retest is needed (1).

- Focus on achieving high coverage of testing at ANC-1
- Mitigate impact of supply disruptions with catch-up testing: use self-testing to fill gaps.
- Use available tests: HIVST, single HIV and syphilis tests.

Third trimester and postpartum retesting

In settings where HIV prevalence is greater than or equal to 5%, WHO recommends retesting all pregnant women with HIV-negative status in late pregnancy, within the third trimester. An additional retest in the postpartum period can be considered, based on resources and HIV risk in a specific region or for high-risk populations (1).

In settings where HIV prevalence is less than 5%, WHO does not recommend universal maternal retesting in late pregnancy. Here, retesting should be offered to women at high ongoing risk, including those from key populations and their partners, and additional postpartum testing can be considered based on resource availability (1).

- Retesting is **only recommended** in high burden setting
- With limited resources approaches will need to be adapted
- Implement catch-up testing to fill gaps for those who have missed testing early in pregnancy, consider HIVST options
- Use data to target (ex. geographically)
- **Avoid blanket retesting** outside of high prevalence or high incidence settings

Linkage to ART or PrEP

ART initiation should be offered immediately and same-day initiation encouraged following a confirmed HIV diagnosis and clinical assessment for people with no clinical contraindication (1).

PrEP is safe to use during pregnancy and ideal for those with substantial HIV risk, such as pregnant and postpartum women in high incidence settings and from a high-risk group. All pregnant women who are HIV-negative but at ongoing risk should be linked to prevention services relevant to them (11).

- Testing should be an entry point for services
- Women with positive test results need to be linked to ART
- In high incidence settings (where available), following a negative test result pregnant women at high ongoing risk need to be linked to prevention services like PrEP

PrEP Guidance

WHO recommendations on HIV pre-exposure prophylaxis (PrEP)

WHO recommends four products for use as PrEP:

- **Oral PrEP containing tenofovir** (2015)
- **Dapivirine vaginal ring** (2021)
- **Long-acting injectable cabotegravir** (2022)
- **Long-acting injectable lenacapavir** (2025)

In 2024, 3.9M people used PrEP at least once
(<20% of the 21.2M person target for 2025)



PrEP use in pregnancy and breastfeeding

Based on the available safety data, the WHO 2025 guidelines recommend that PrEP should **NOT be discontinued** during pregnancy and breastfeeding for women with a risk of exposure to HIV. This is for **all** PrEP options: oral, DVR, CAB and LEN

The choice to **start, continue or discontinue** PrEP when someone becomes pregnant should be **made by the woman**, in discussion of the risks and benefits with a **health care provider**.

No dose adjustment is required during pregnancy for any PrEP product



Oral PrEP containing tenofovir

TDF/FTC or TDF/3TC

Effectiveness: at least 90%

Individuals can start and stop oral PrEP in accordance with their choice



1. Dosing regimen for most groups of people with sexual or injecting exposure

- Start with **1 dose per day for 7 days**
- Continue with **1 dose per day**
- Stop by taking **1 dose per day** for at least **7 days** last potential exposure

2. Dosing regimen for people assigned male at birth with sexual exposure and who are not taking gender affirming hormones

Whether for a single event, a short timeframe or a long time.

- Start with 2 doses 2-24 hours prior to the first exposure
- Continue with 1 dose per day for as long as oral PrEP use is desired
- Stop by taking 1 dose per day for at least 2 days after the last potential exposure

Dapivirine Vaginal Ring (DVR)

- Effectiveness: 50-75%
- Inserted 24 hours prior to potential exposure
- Worn continuously in the vagina for **1 month**
(including during sex and menstruation)



Long-acting injectable cabotegravir (CAB-LA)

Efficacy

- 88% risk reduction for women / 66% risk reduction for men
- Combined effect size of about 80% relative risk reduction compared with TDF/FTC

Injectable formulation administered as an IM gluteal injection

Dosing schedule

- First two injections (for initiation) **1 month apart** (+/- 7d)
- Subsequent (follow-up) injections **every 2 months** (+/- 7d)



Long acting injectable lenacapavir (LEN)

Effectiveness: > 96%

Subcutaneous injections every six month

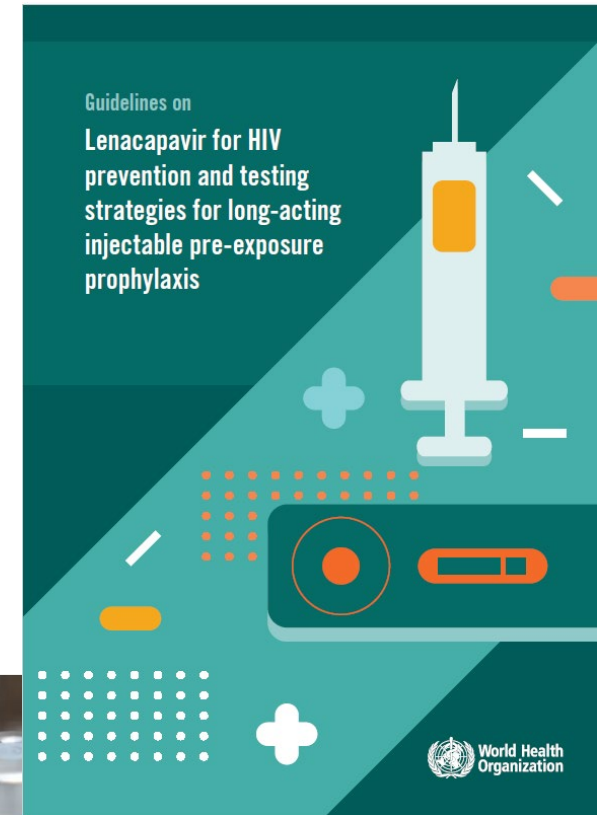
Day 1: 2 subcutaneous injections of 1.5mL each

Repeat every 26 weeks (+/- 2 weeks)

Oral loading dose (initiation only)

Day 1: 2 tablets of 300mg each

Day 2: 2 tablets of 300mg each



Offering **choice** in prevention and PrEP products can increase uptake, effective use, satisfaction and protection

Prevention and PrEP choice is dynamic

WHO does not support one PrEP product over any other

The best PrEP product is the one someone wants to use and will use well



An HIV test is required to start and continue PrEP

WHO Recommendation 2025



Recommendation [NEW]

Rapid diagnostic tests may be used for HIV testing for initiation, continuation and discontinuation of long-acting PrEP. *(strong recommendation, very low certainty of evidence)*

- Individuals may be tested at POC following the **national testing algorithm**
- HIV self-testing (HIVST) can be used for initiation, re-initiation and continuation with oral PrEP & DVR
 - For LA injectable PrEP, HIVST may be an important implementation consideration in some contexts to increase programme flexibility and testing frequency

Inclusion of PBFW in clinical trials

- Oral PrEP ✗
- Dapivirine vaginal ring ✗
- Cabotegravir ✗
- Lenacapavir 😊
- MK 8527 (monthly pill) 😊

The future of PrEP research will include PBFW participants in trial design

Summary

- HIV testing services are essential components of prevention and treatment in pregnant and breastfeeding populations.
- Re-testing in the post-partum period should be guided by local epidemiological data and available resources.
- All four PrEP methods currently recommended by the WHO can be used in pregnant and breastfeeding populations.
- HIV testing is integral to PrEP initiation and continuation.

Thank you.



HIV
Impact Network *for*
Vertical Transmission
Elimination





Country Presentation

Dr. Linda Kisaakye Nabitaka
Ministry of Health, Uganda



Optimizing testing during breastfeeding in Uganda: Implementation approaches, challenges and successes

Dr Linda Kisaakye Nabitaka

Senior Program Officer PMTCT, MOH Uganda

17 September 2026

Introduction

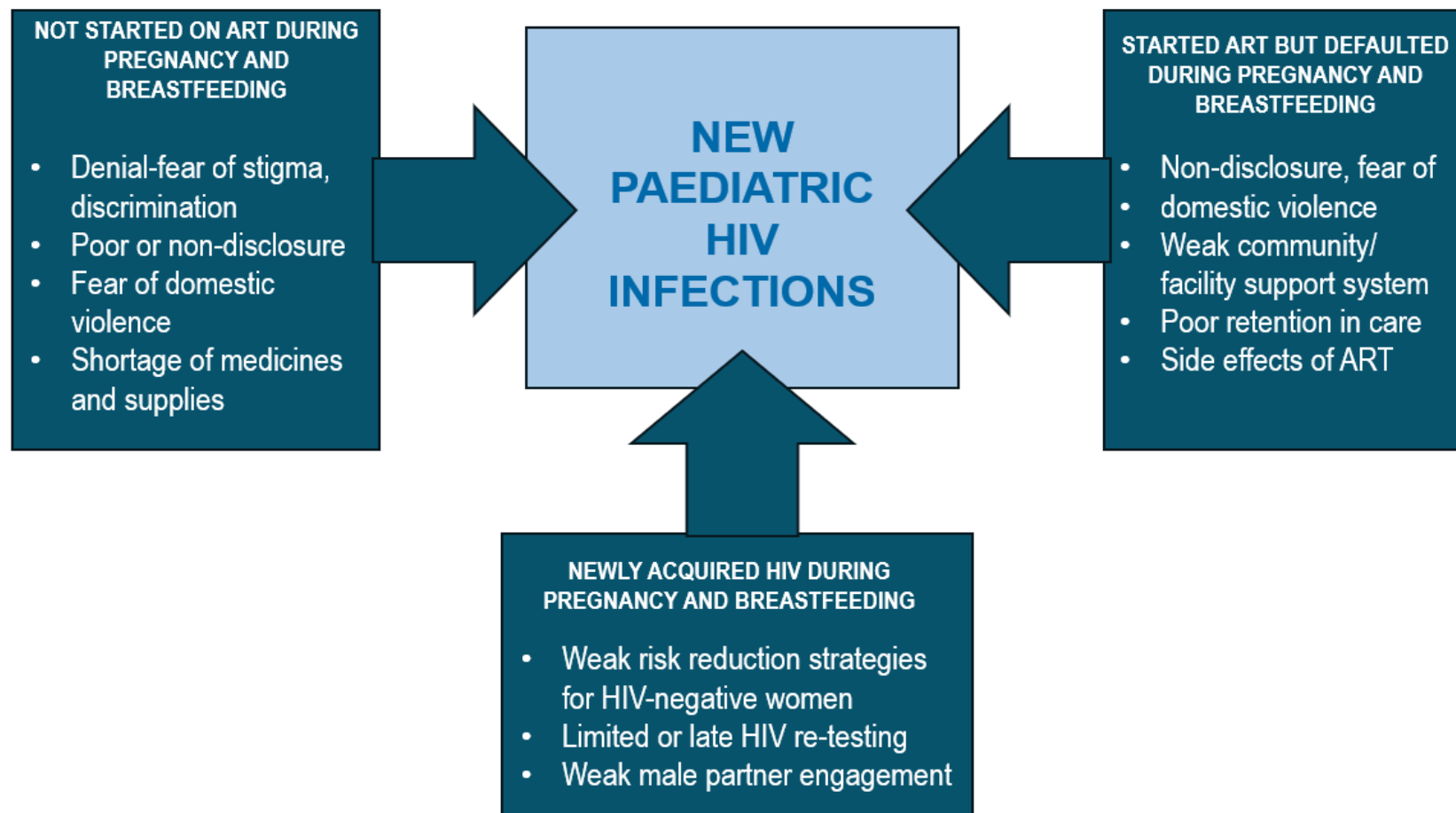
Uganda has one of the highest HIV and AIDS disease burdens:

- Prevalence of 4.9% among adults aged 15-49 years (6.4% among females, and 3.4% among males)
- Approximately 1.5 million adults 15 years and older are living with HIV
- HIV incidence is 0.79 per 1,000 persons among adults 15-49 years.
- 32,000 newly infected HIV persons 15 years and older; 21,000 females and 11,000 males (UNAIDS 2024 spectrum estimates)

Triple elimination remains a key priority, with achievement in HIV Elimination of Vertical Transmission (EVT,) syphilis, and Hep B lagging behind

- VT = ~14% (4,400) of the 34,000 new HIV infections in 2025.
- 78% drop in VT and 107,000 potential new infections averted
- 61% of the VT infections occurred during the breastfeeding period

Drivers of Vertical Transmission (2025)

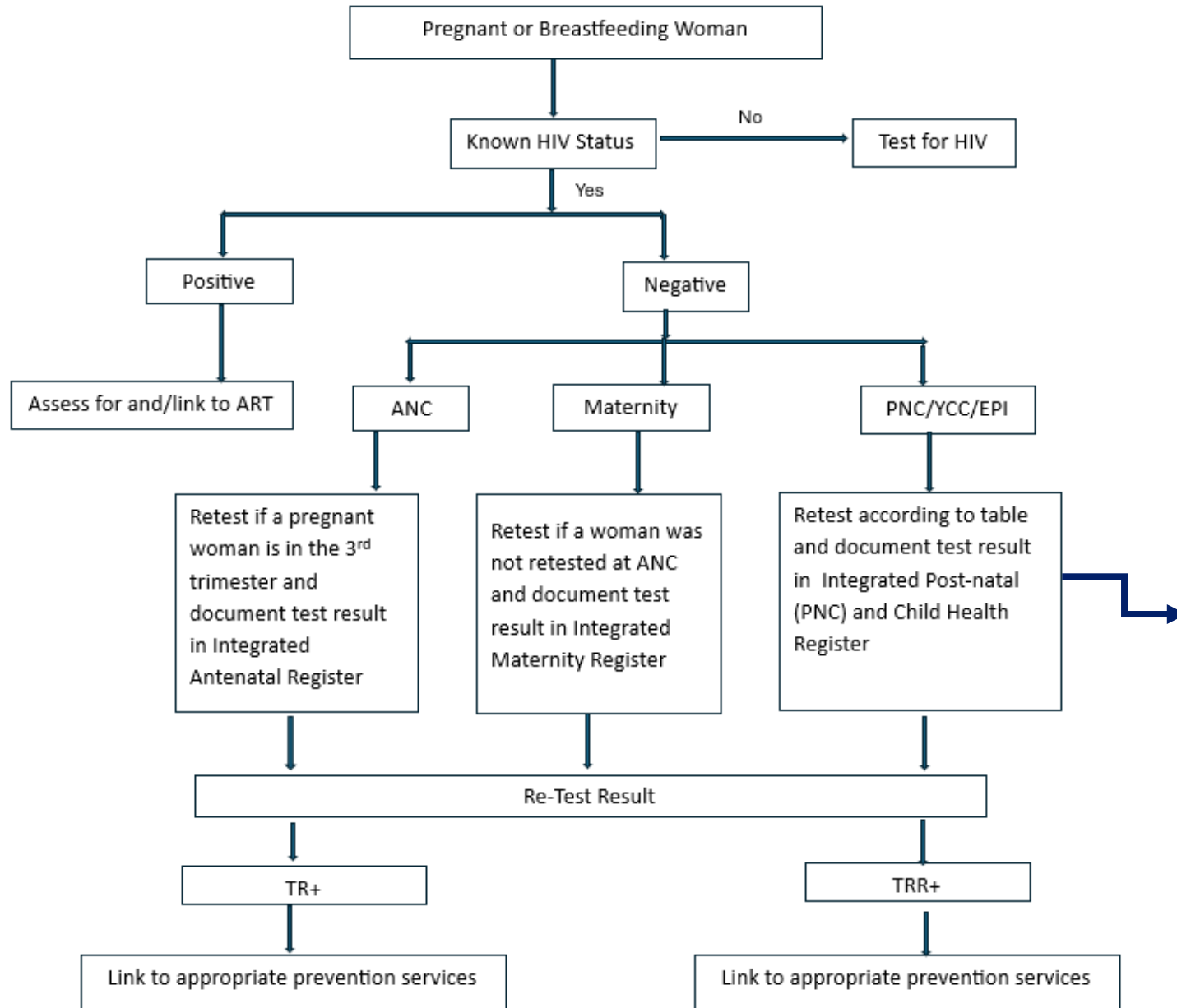


Source	Child Infections	Share
Dropped off ART	1,947	44%
Newly acquired HIV during pregnancy/ breastfeeding	1,673	38%
Late ART initiation	482	11%
On ART before pregnancy	340	7%
Total	4,442	100%

4,442 new infections in children

38% linked to maternal seroconversion

Testing Guidance for Pregnant or Breastfeeding Women



1st re-test	From 7 months (28 weeks of amenorrhea) during pregnancy or labour and delivery
2nd re-test	6 weeks after delivery (DPT1)
3rd re-test	14 weeks after delivery (DPT3)
4th re-test	6 months after delivery (Vitamin A)
5th re-test	9 months after delivery (Measles 1)
6th re-test	One year (Deworming/Vitamin A)
7th re-test	15 months after delivery
8th re-test	18 months after delivery (Deworming/ Measles 2)
After 18 months, mothers who continue to breastfeed should test after every 3 months	

HIV Re-Testing Approach

WHY

Reasons to re-test for HIV

- Women who acquire HIV during pregnancy or breastfeeding after an initial HIV-negative test result have a high risk (at least 40% chance) of transmitting the infection to the baby
- Retesting helps to identify women who acquire HIV later during pregnancy or breastfeeding and initiate them on treatment to prevent transmission to the babies
- Linkage to PrEP for those testing HIV negative and at risk can prevent two individuals from getting HIV: the mother and the baby.

WHO

Women to re-test for HIV

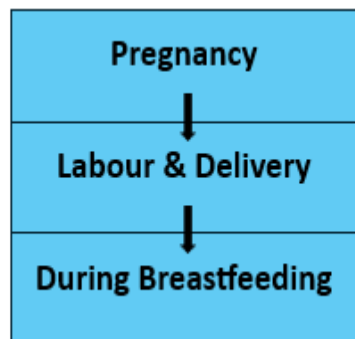
All HIV Negative:

- Pregnant women in the third trimester (from 7 months gestational age/28 weeks of amenorrhea)
- Women in Labour & Delivery NOT retested in the third trimester during ANC
- Breastfeeding women



WHEN

Fixed re-testing schedule



- Mothers at high risk of acquiring HIV should retest after a month
- Sexual violence
 - Relationship with multiple sexual partners (sexual network)
 - Key or priority population
 - Discordant couple/ HIV+ partners
 - Sexually transmitted infection

WHERE

Places for maternal HIV re-testing

a) At the health facility

- Antenatal
- Delivery
- PNC/Immunization/YCC
- Family Planning

b) In the community: Antenatal and Immunization outreaches



Linkage to Prevention: PrEP for PBFW is delivered through the EVT/MCH Platforms



- General health education; HIV/EVT education; PrEP messaging
- HIV counselling and testing
- Screening for PrEP eligibility
- Provision of PrEP for the eligible women; PrEP follow up

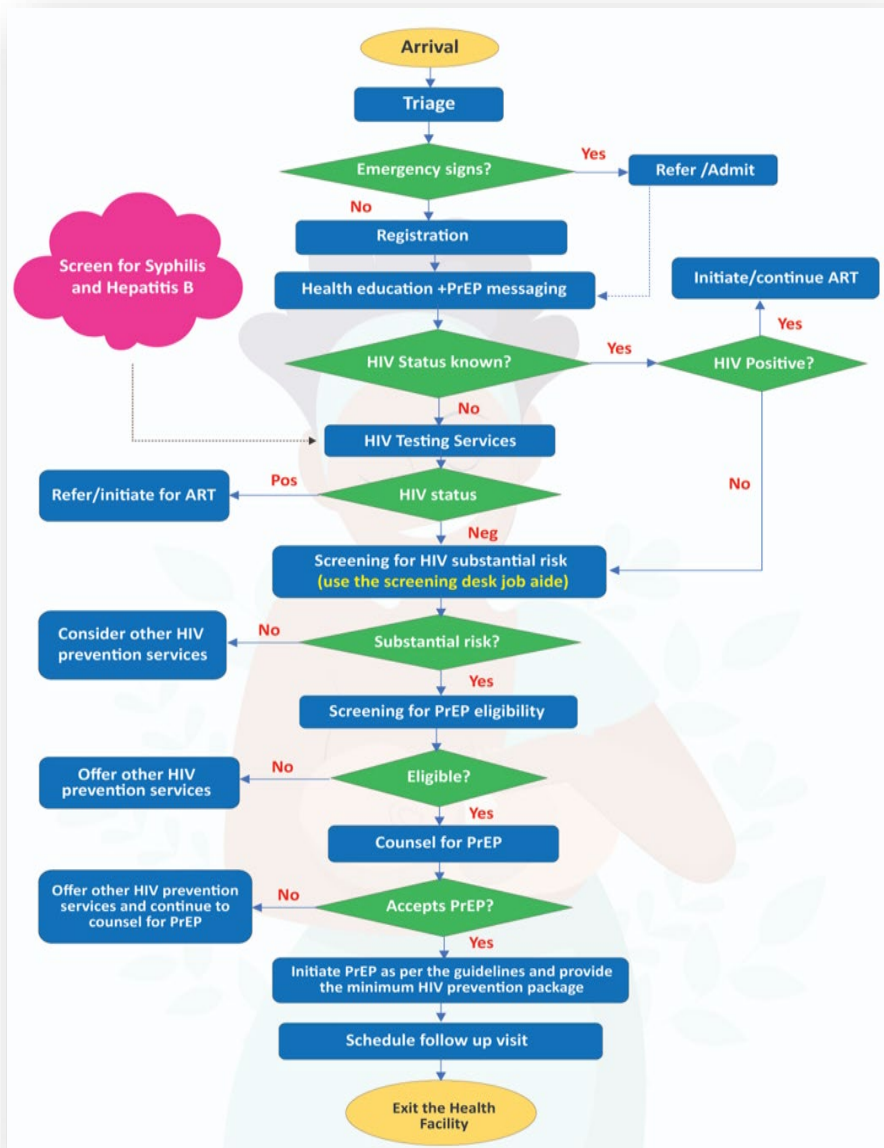
- Retest HIV negative mothers
- Risk reduction counselling
- PrEP adherence counselling

- Follow up visits: 6 weeks, 10 weeks, 14 weeks, 6 months & 9 month
- HIV testing, risk assessment and re-testing (quarterly)
- Peer support activities, adherence counselling
- Screening for PrEP eligibility
- Provision of PrEP for the eligible women; PrEP follow up

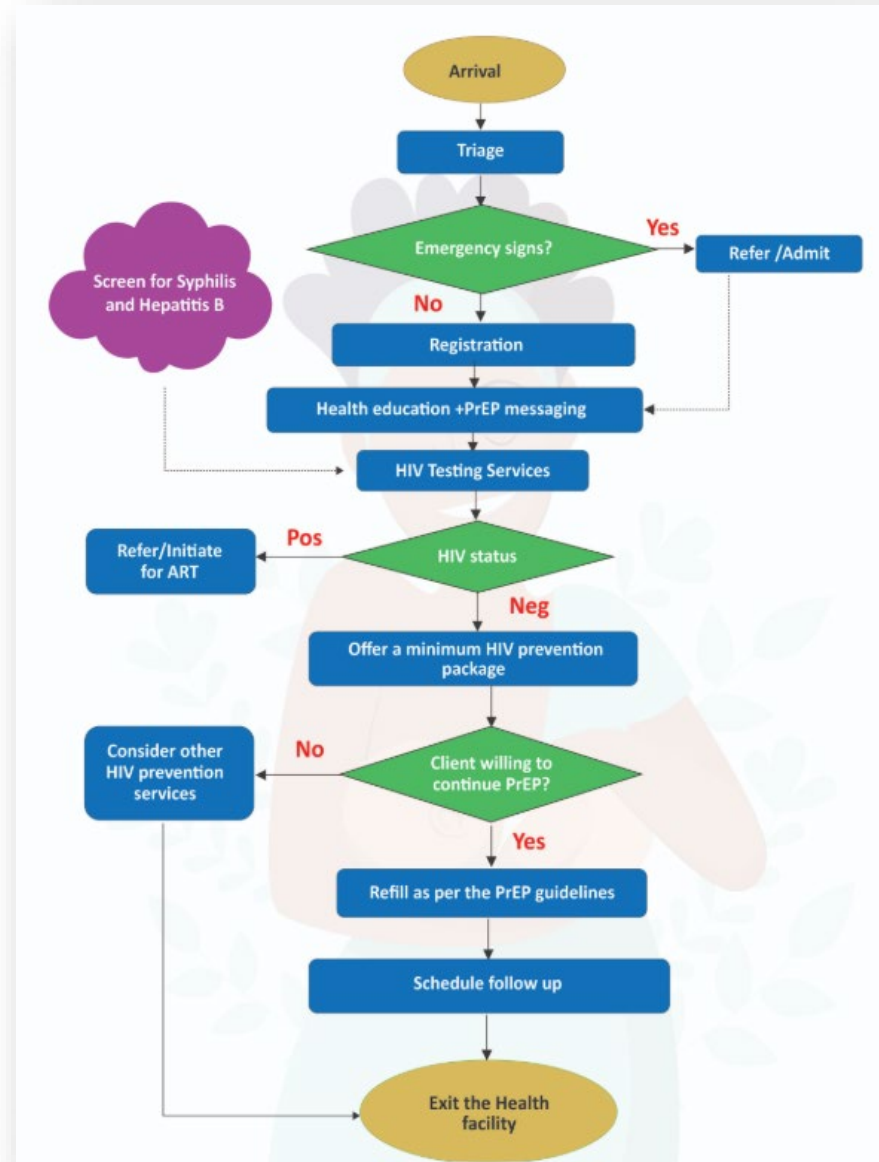
- Follow up services
- Linkage to other HIV prevention interventions such as socio-economic services & OVC services

Client Flow Charts for PrEP Services in MCH

PrEP Initiation



PrEP Continuation



PrEP Initiation in MCH

PrEP in MCH – HIV Risk Assessment Guide

**PRE-EXPOSURE PROPHYLAXIS SHOULD BE OFFERED
IN THE MCH UNIT**

A. Screening for substantial risk among HIV negative women

1. Do you know the HIV status of your sexual partner? ☐ Yes ☐ No
2. Is the HIV status of your sexual partner positive? ☐ Yes ☐ No ☐ NA
3. Have you had more than one sexual partner in the past 6 months? ☐ Yes ☐ No
4. Have you experienced any of the following STI symptoms in the last 6 months? ☐ Yes ☐ No

ASK FOR history of any of these STIs symptoms: lower abdominal pain, genital sores, warts and abnormal vaginal discharge

If NO in 1 or YES in any other, screen for PrEP Eligibility using the PrEP screening tool.

B. Screening for PrEP eligibility

- Use HMIS ACP 028 Pre-Exposure Prophylaxis (PrEP) Screening For (High) Substantial Risk and Eligibility

C. Counsel for PrEP

- Counsel for PrEP including PrEP choices

D. Initiate as per the National PrEP guidelines

E. Provide minimum HIV prevention package

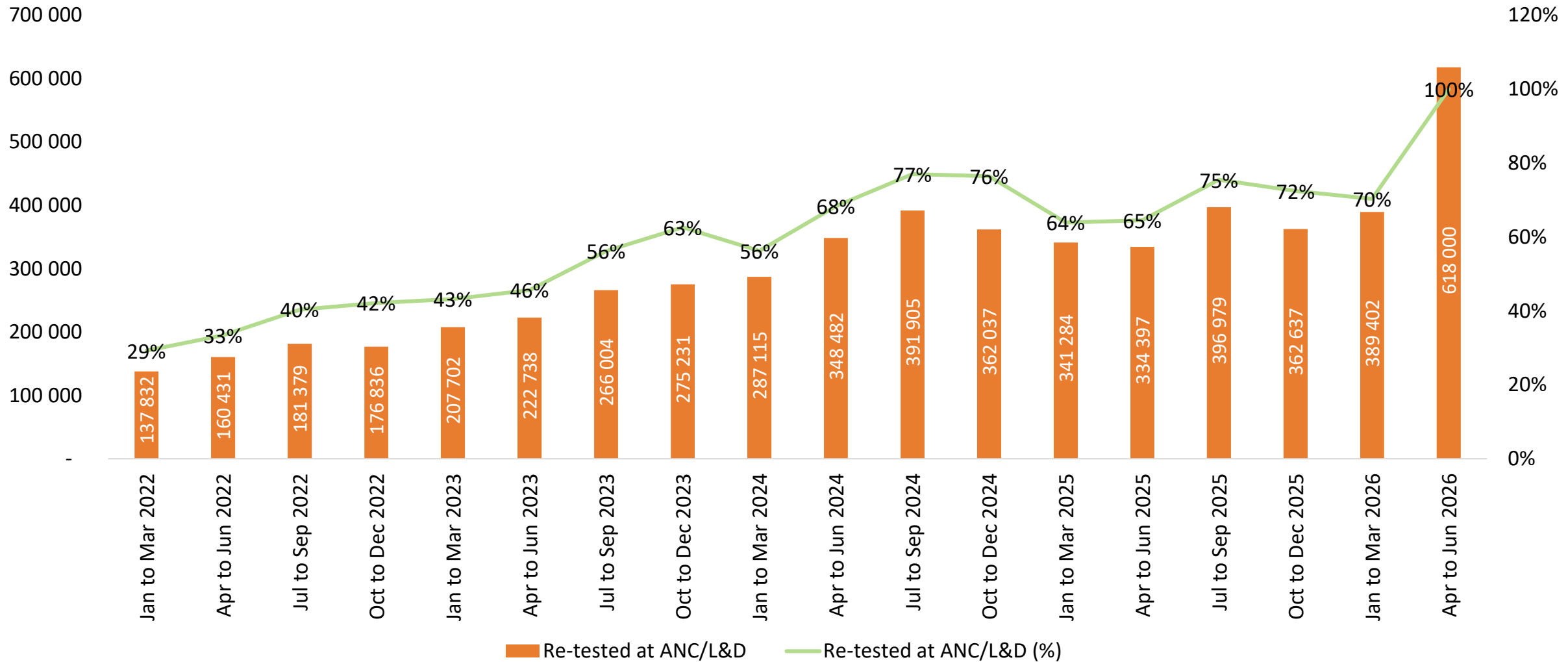
Ensure that you have screened for Syphilis and Hepatitis B.



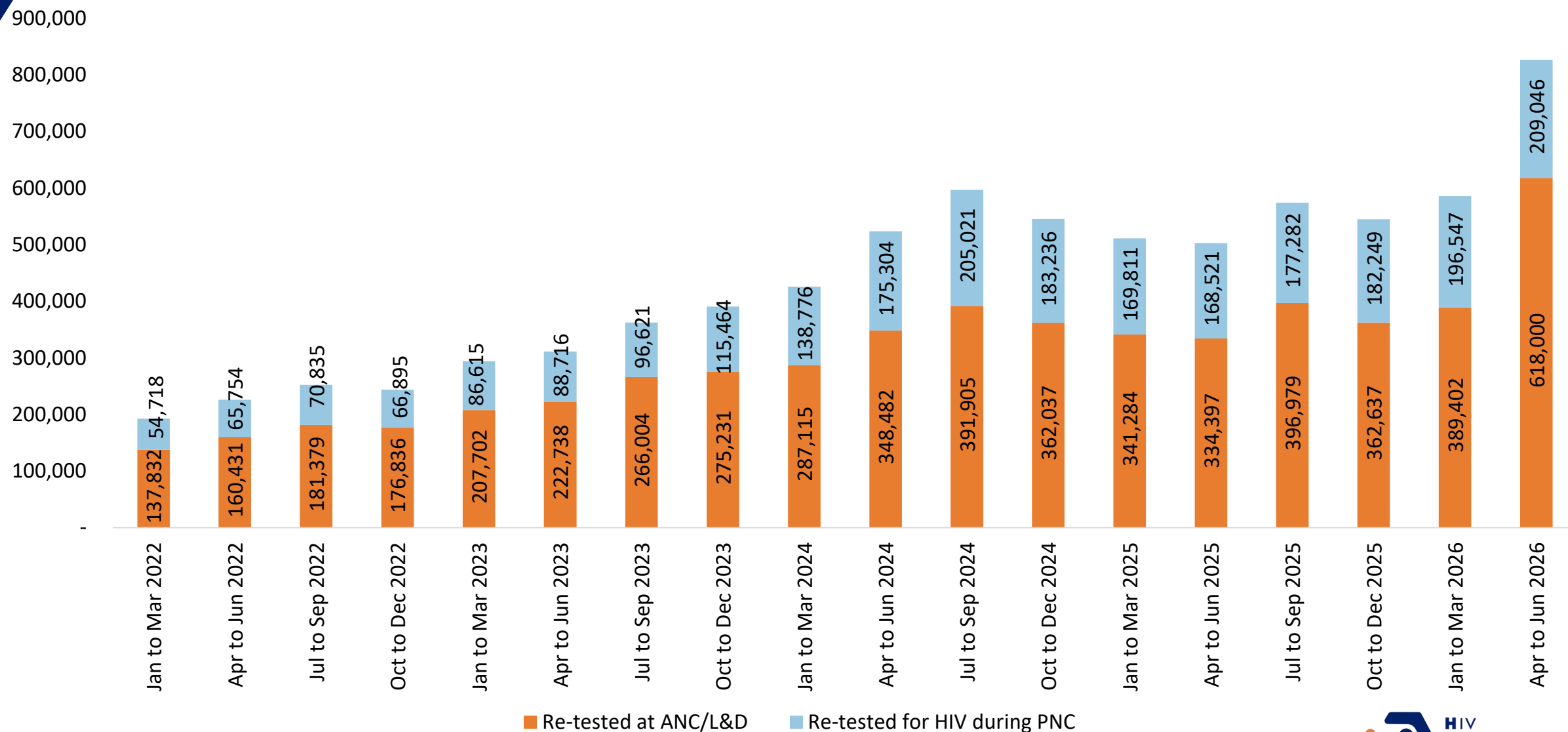
The form is titled "HMIS ACP 028: PRE-EXPOSURE PROPHYLAXIS (PREP) SCREENING FOR (HIGH) SUBSTANTIAL RISK AND ELIGIBILITY". It is a structured form for data collection, organized into several sections:

- 1. Facility information:** Includes fields for Facility Name, Facility level, and Facility code.
- 2. Client information:** Includes fields for Client Name (Surname, Given), Commonly known as, Address (District/City, Sub county/Division, Village/Cell, Parish/Ward, Telephone #, Occupation), NIN/Refugee #, and Client clinic ID number.
- 3. Client Demographics:** Includes fields for Sex (Male, Female), Date of Birth, Age in complete years, Marital Status (Never married, Married/Living Together, Divorced/Separated, Widowed), and Nationality (National, Refugee, Foreigner).
- Entry Point:** Includes a section for Facility (OPD, STI Clinic, IPD, ART Clinic, TB clinic, Nutrition unit, PNC, Young Child Clinic (YCC), ANC, Maternity, Family Planning, SMC, ACASI, Youth/Adolescent friendly corner, DIC) and Community (Home Based, Work Place, Outreach (Specify) with sub-fields for Hot Spot Name, Drop in Center Name, Safe Space, and Others).
- 4. Risk category of the Client:** A section to determine if the client belongs to any of the following categories (Tick what is applicable): Fisher folk, Breastfeeding Women, Long distance truck drivers, Uniformed forces, AGYW, and Person in Prison and other closed settings.

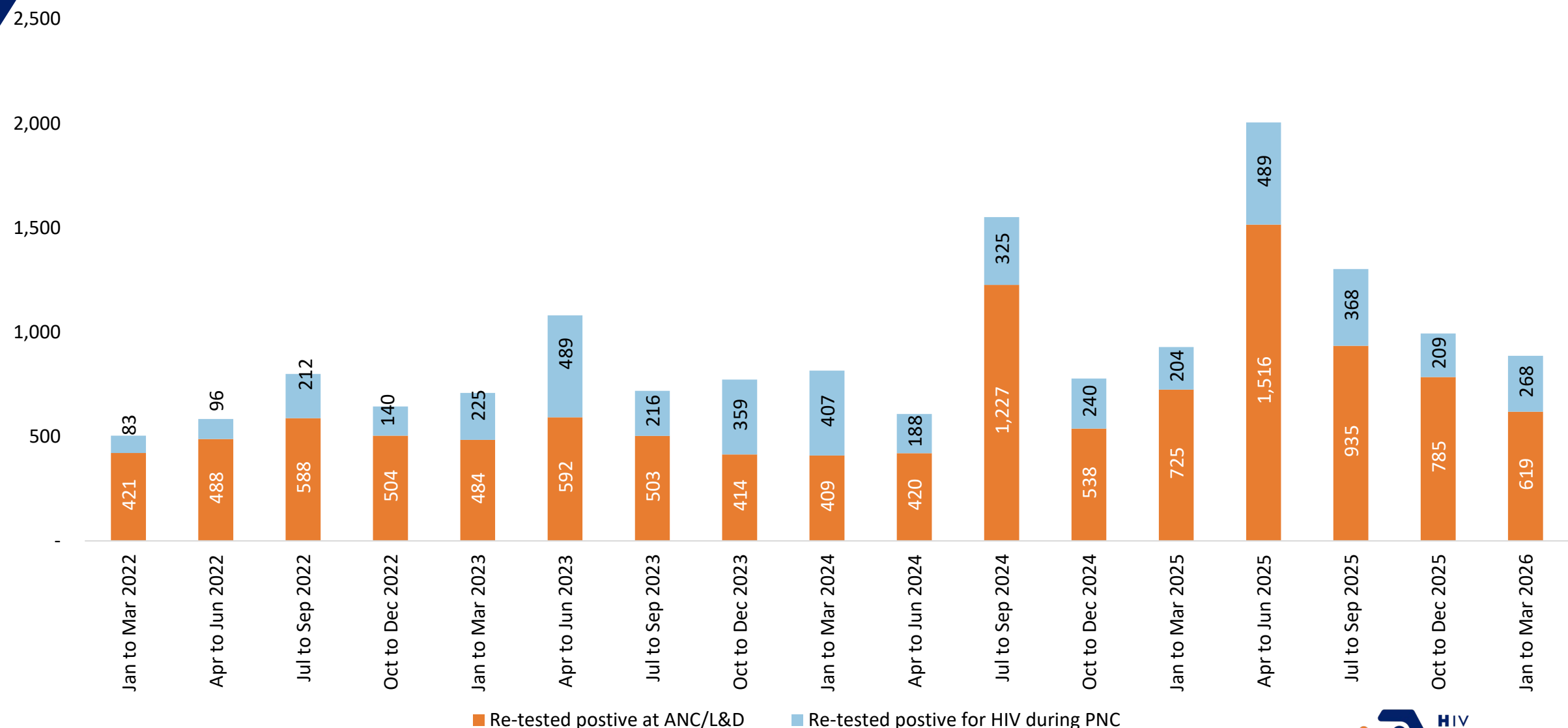
1st Re-test at ANC/L&D – Quarterly Trends



Retesting at ANC/L&D and during PNC

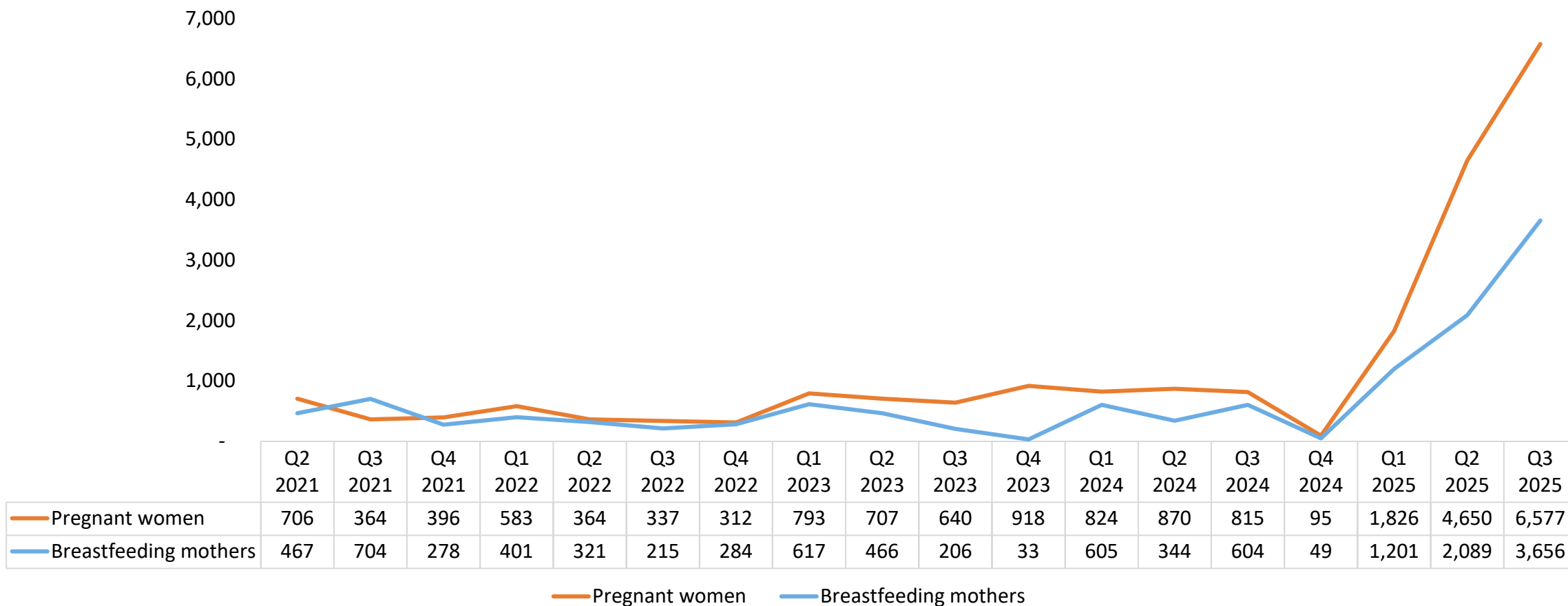


Retested Positive at ANC/L&D and During PNC



■ Re-tested positive at ANC/L&D ■ Re-tested positive for HIV during PNC

PrEP Initiations Trends in Pregnant and Breastfeeding Women



Pregnant women show the steepest relative growth curve, with initiations up ~9× from 2021 to Q3 2025. The surge from Q1 2025 is consistent with ANC integration.

Lesson Learnt/Best Practices

- Integrated re-testing in all MCH service delivery points, including L&D, PNC/YCC, and immunization outreaches
- Demand creation in MCH clinics and as part of health education for mothers, for them to demand services
- Development, distribution, and use of IEC materials targeting HCW and lay providers in MCH
- Consistent supply of commodities and support for quantification and supply chain management, including re-distribution support

Challenges and Way Forward

- Commodity stocks outs
- Data and recording – country shifting from paper-based to fully electronic at all levels, and this is a challenge
- Staffing – IP transition, peers phasing out, integration

The screenshot shows a 'New Visit' form for Antenatal care. The form is titled 'New Visit' and has a 'Visit Date' field set to '2026-04-22' and a 'Service Type' dropdown set to 'Antenatal'. The form is divided into several sections: 'Triage Details', 'Screening', 'Laboratory Tests', and 'Medicines and Supplies'. The 'Screening' section is currently active and contains the following fields:

- ANC Visit Number (dropdown)
- Gravida (dropdown)
- Parity (dropdown)
- Gestational Age (Weeks) (dropdown)
- Woman's HIV Status (dropdown)
- Is the Male Partner visiting for the first time in ANC (radio buttons: Yes, No)
- Partners HIV Status (radio buttons: Known Positive, Negative, Unknown, Newly tested HIV+)
- Partners Facility HIV test Result (radio buttons: Positive, Negative, Inconclusive, Not tested)
- Given STK for male partner? (radio buttons: Yes, No)
- WOA U/S Scan Done (Weeks) (dropdown)
- Blood Group/ Rhesus (dropdown)
- Hb level in g/dl (dropdown)
- Malaria test result (radio buttons: Positive, Negative, Not Done)
- Sickle cell test results (radio buttons: HbAA, HbAS, HbSS)
- Protein in Urine (dropdown)
- Glucose in Urine (dropdown)
- Tested for Syphilis (W) (dropdown)
- Tested for Syphilis (P) (dropdown)
- Hep B test result for partner (radio buttons: Positive, Negative, Not Done)
- Hep B test result for woman (radio buttons: Positive, Negative, Not Done)
- Woman's Eligibility for ARVs (dropdown)
- ANC Diagnosis (dropdown)
- IPT (dropdown)
- LLIN (dropdown)

At the bottom of the form, there are 'Draft', 'Cancel', and 'Save Visit' buttons.

Thank you.



HIV
Impact Network *for*
Vertical Transmission
Elimination





Community Organization Experience

Kunyima Lifumbela Banda

Tides 24 Foundation, Zambia



Engaging Breastfeeding Women for HIV Testing and Prevention: Experiences and Lessons from Community Implementation in Zambia

Kunyima Lifumbela, Executive Director

Tides24 Foundation Zambia

HIVE Webinar | 17 September 2026



HIV
Impact Network for
Vertical Transmission
Elimination



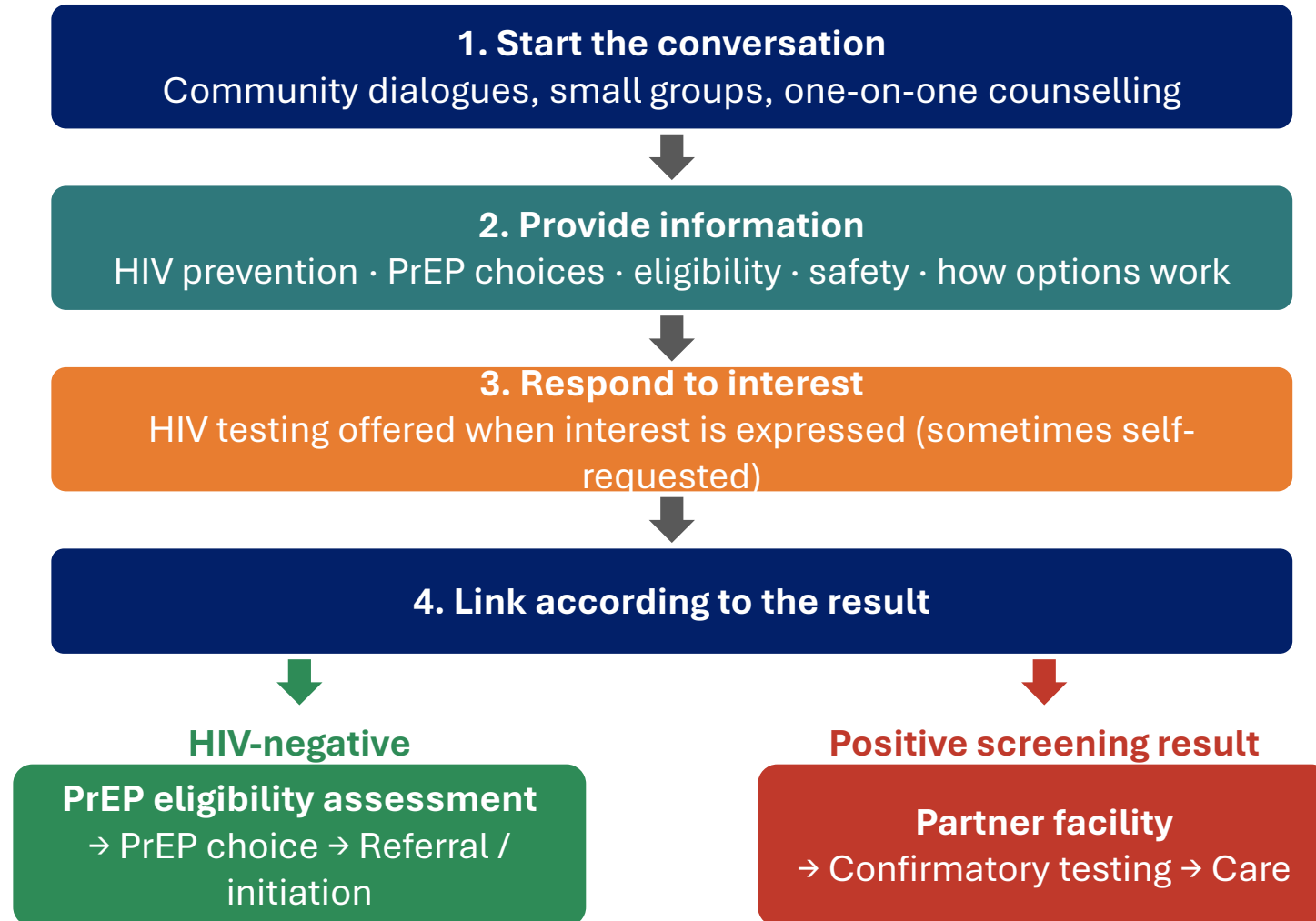
Who We Are and What We Do

- **Tides24 Foundation Zambia (TFZ):** community-focused HIV, health & social inclusion programmes for women, children, adolescents and young people
- **Our intervention:** community-led PrEP choice demand generation integrated with facility-linked HIV testing
- **Population focus:** pregnant & breastfeeding women and adolescents & young people
- **Where:** Bauleni & Kalingalinga communities, Lusaka District — partnering with Bauleni & Kalingalinga health facilities

Our Approach:



Start With the Conversation, Not the Test



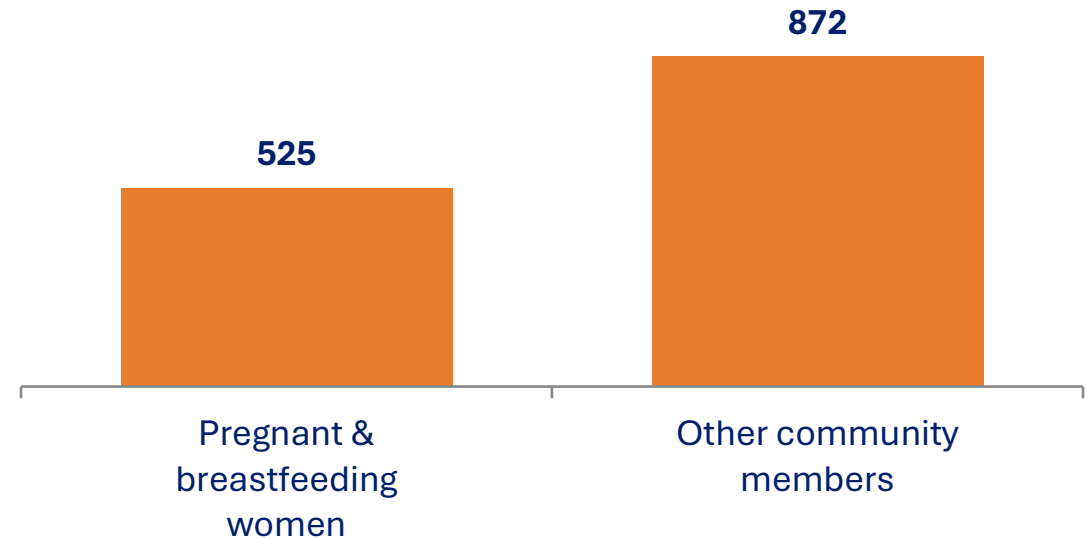
Testing modalities:

- Determine rapid HIV testing by trained facility counsellors
- HIV self-test kits for home use
- Confirmatory testing at the partner facility

Who Do We Reach?

- **Community engagement includes:**
 - Small-group and one-on-one sessions
 - Community outreach
 - ANC and growth-monitoring platforms
 - Peer engagement
 - WhatsApp and social media
- 14,538 condoms distributed (June-August 2026)
- 129 HIV self-test kits distributed (June – August 2026)

Combined community reach: June to Aug 2026 (N=1,397)



525 pregnant & breastfeeding women reached

- 223 combined group in June (pregnant and breastfeeding women)
- 146 pregnant and 156 breastfeeding tracked separately in July and August

HIV Testing: What Happened?

- From June to August, 164 community members who expressed interest in HIV prevention accepted testing (targeted, not everyone reached for testing)
- **The test was often the result of the conversation — not the starting point of it**

75 pregnant & breastfeeding women tested representing 46% reached for testing

164

tested

156

HIV-negative

8

positive result

	June	Jul-August	Total
Tested	38	126	164
HIV-negative	36	120	156
Positive result	2	6	8

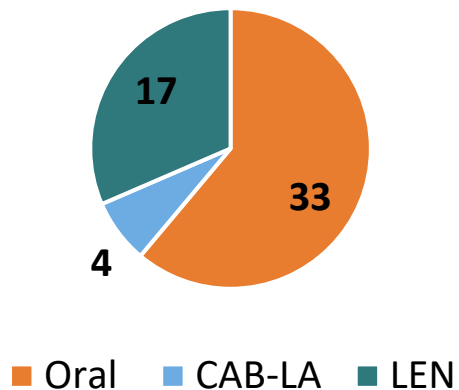
All 8 people with positive results were linked to a facility for confirmatory testing and further care.

PrEP Referral and Choice Among Pregnant and Breastfeeding women

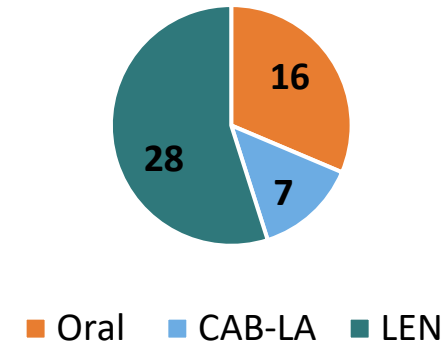
PrEP referrals

- 161 pregnant and breastfeeding women from June-August 2026
 - 54 pregnant and breastfeeding women in June 2026
 - 56 pregnant and 51 breastfeeding women July – August 2026

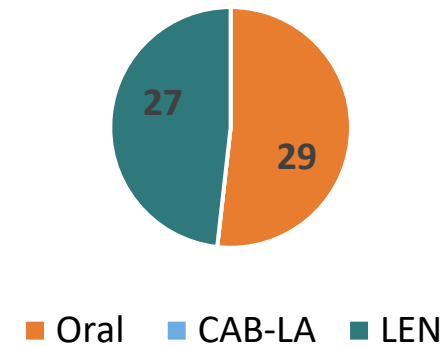
PrEP choice among PBFW in June, 2026 (N=54)



PrEP choices among breastfeeding women, July - August 2026 (N=51)



PrEP choices among pregnant women, July- August 2026 (N=56)



Voices From the Community

- **Empowered to protect herself and her family**
 - A 29-year-old breastfeeding mother at Bauleni Market feared HIV risk after her husband's infidelity — and didn't know PrEP was an option for breastfeeding women
 - After one-on-one counselling she requested testing herself — tested negative, and initiated Lenacapavir (LEN) at Bauleni Urban Health Centre
- **Peer support turned fear into confidence**
 - *One pregnant woman was discouraged from PrEP by family who believed it was “only for sex workers”*
 - After a TFZ peer session with women already using PrEP, all six women who had not previously been on PrEP chose to initiate LEN

“If I can prevent my child from living with HIV for the rest of their life, then I will do everything I can.”

- **Lesson:** trusted women can turn misinformation and fear into confidence — and confidence into action

What Worked — and What We're Still Addressing

- **Community + Facility Partnership**
 - TFZ worked with health facilities across all six communities to combine community demand generation with facility-supported testing, referral and linkage
- **Integrated services**
 - HIV prevention education, PrEP education, HIV testing, PrEP eligibility assessment, referral, peer support, community-led monitoring
- **Meeting women where they already are**
 - Community outreach, markets, ANC, growth-monitoring activities, youth-friendly platforms, peer engagement
- **What we're still addressing**
 - Knowledge gaps — limited understanding of PrEP options, eligibility and safety
 - Fear and misconceptions — side effects, confusion with ART, stigma, “only for sex workers”
 - Access — market traders and other informal-sector workers struggle to reach facility-based services
 - Commodity availability — stock-outs, including Lenacapavir, can disrupt access even where demand exists

Key Take-Home Message

Optimizing HIV testing is not only about increasing the number of tests, it's about creating the right opportunity for women to test:

- WHERE THEY ARE
- WHEN THEY ARE READY
- WITH INFORMATION THEY TRUST
- WITH CHOICE
- WITH A CLEAR PATHWAY
- **Community conversation → informed interest → HIV testing → prevention choice → linkage**

Thank you.



HIV
Impact Network *for*
Vertical Transmission
Elimination



Q&A Discussion

Moderators



Bernadeta Msongole
HIVE Regional Clinical
Advisor, ICAP Tanzania



Lulu Ndatani
HIVE Regional Program
Advisor, ICAP Kenya



Mukome Nyamhagatta
Head of Strategic Information -
PMTCT program,
MOH, Tanzania



Chimika Wilson Phiri
HIV Prevention Lead
MOH, Zambia



Linda Nabitaka
MOH Uganda



Kunyima Banda
Executive Director
Tides24 Foundation,
Zambia



Magdalena Barr-Dichiara
WHO, Geneva

Panelists & Discussants

Closing Remarks



Dr. Cassia Wells

Deputy Director – Technical CQUIN
HIVE Technical Lead
ICAP in South Africa

Slides & recordings from this session are available on the HIVE Website

hiveimpactnetwork.com

See previous webinars, sign up for updates

Look out for information on the next HIVE webinar



HIV
Impact Network for
Vertical Transmission
Elimination



Next webinar – November TBA



HIV
Impact Network *for*
Vertical Transmission
Elimination



Thank you.



HIV
Impact Network *for*
Vertical Transmission
Elimination

