

Kenya Vertical Transmission Prevention Updates



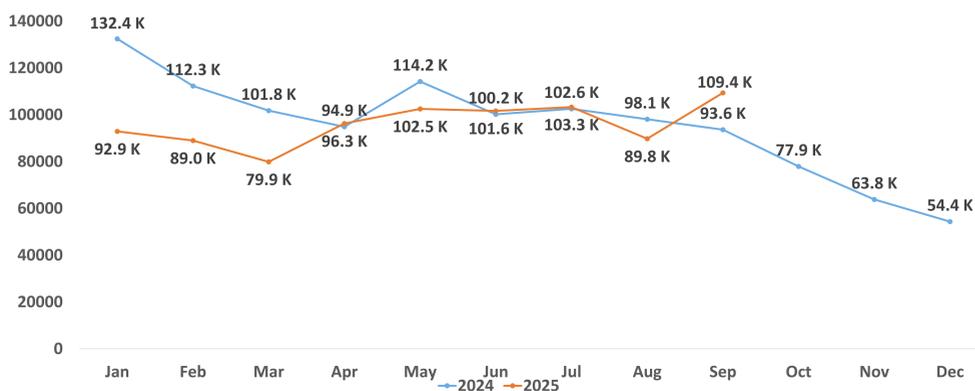
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BACKGROUND

- Overall, the country's VTP performance shows fluctuations due to a range of factors, from effects of access to VTP services, data quality gaps, and the stop-work order: there is an overall reduction in 1st ANC attendance, PBFW accessing HAART at HIV diagnosis, infants receiving EID at 6 weeks, and reduced community tracking of PBFW and their infants in 2025 compared to 2024.
- Monitoring of VTP is undermined by fragmented data systems, limited reporting from private facilities, suboptimal EMR use in maternal/child health settings, and major urban-rural service gaps.
- National VTP commodity supply remains stable.
- Coordination cutting across both national and sub-national levels has remained stable.

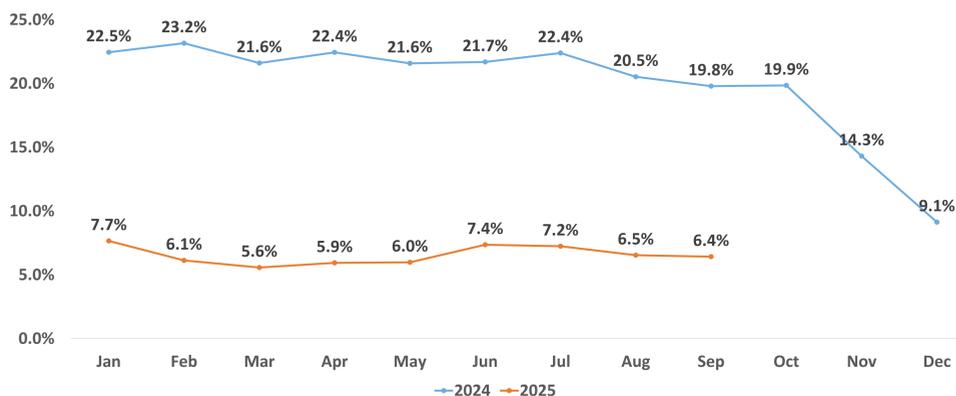
NATIONAL DATA: SELECT VTP INDICATORS, TRENDS OVER TIME, 2024-2025

Figure 1: HIV Testing at ANC1



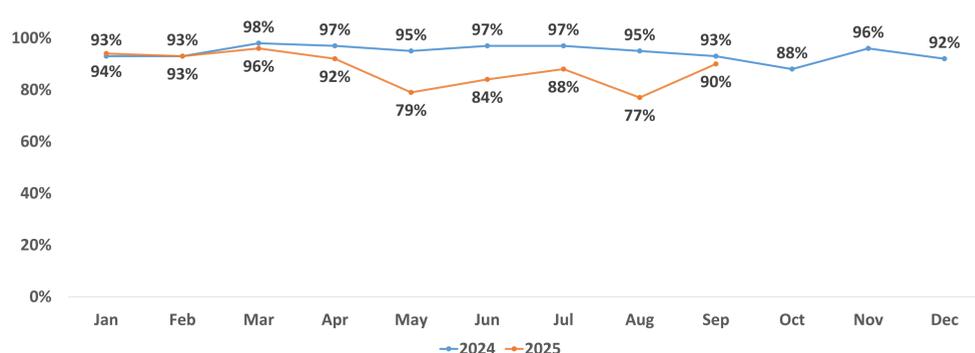
In 2024, the number of women receiving testing services was high and then steadily declined throughout the year due to transition to a national health insurance fund and transition to revised data reporting tools. In 2025, HIV testing began at a lower level but remained relatively stable, dipping slightly in the first quarter due to the SWO. From April 2025 onwards, there was consistently better performance than 2024, due to intensified continuous data and service quality performance reviews.

Figure 2: Post-Natal Testing Coverage



Postnatal HIV testing coverage declined sharply in 2025 compared to 2024. While coverage in 2024 remained relatively high and stable through most of the year before dropping at the end, 2025 levels were consistently much lower and showed minimal improvement. Overall, this indicates a significant gap in postnatal testing uptake compared to the previous year due to the reduction in number HIV testing counselors in MCH.

Figure 3: Infant Prophylaxis



Infant prophylaxis coverage remained consistently high in 2024, with only minor fluctuations throughout the year. In 2025, coverage started strong but showed noticeable dips around midyear before gradually recovering toward the end. Overall, infant prophylaxis performance in 2025 was slightly lower compared to 2024. The country has not experienced any stockouts of infant prophylaxis commodities.

PRIORITIZATION OF VTP SERVICE DELIVERY ELEMENTS

Component	Interventions	Kenya
HIV Testing	Ante-natal first visit/ first test	Keep (No Change)
	Ante-natal additional test in third trimester/delivery	Keep (No Change)
	Post-natal testing for HIV negative breastfeeding women all: 6-monthly until 6-weeks post cessation	Keep (No Change)
	HIV exposed infants at 6 weeks and, if breastfeeding, at 6/9- & 18-month EPI visit	Keep (No Change)
Infant ARV prophylaxis	HIV exposed infants additional birth testing	Keep (No Change)
	Infant prophylaxis (AVT and NVP) 6 weeks and extended NVP until complete cessation of breastfeeding	Keep (No Change)
Continuity CTX prophylaxis	Provide cotrimoxazole to HIV exposed infants.	Keep (No Change)
ART initiation (and re-initiation)	Initiate pregnant and breastfeeding women	Keep (No Change)
Viral load monitoring	For all pregnant women: If already on ART, provide VL testing at first ANC (if no suppressed VL in the last 3 months) or after 3 months on ART	Keep (No Change)
	For all virally suppressed pregnant and breastfeeding provide VL testing every 6 months until cessation of breastfeeding	Keep (No Change)
PrEP initiation (& re-initiation)	Oral PrEP initiation for pregnant and breastfeeding women self-identifying vulnerability (no risk assessments)	Keep (No Change)
	Oral PrEP initiation for all at risk pregnant and breastfeeding women	Keep (No Change)
PrEP continuation	Facility based oral PrEP maintenance for pregnant and breastfeeding women- minimum 3MMD with testing every 3 months	Keep (No Change)

Figure 4: Prioritization of VTP Service Delivery Elements

VTP services
 Kenya has prioritized all core VTP interventions, maintaining the existing package without changes across HIV testing, ART, PrEP, and infant prophylaxis.
**PEPFAR funding envelope is not confirmed; these are projections*

Green	Keep (No Change)
Yellow	Keep (Modify)
Red	Drop
Grey	Not applicable
White	Missing Data

M&E Systems Components: Impact of SWO and Beyond

Figure 5: M&E System Components Heat Map 2025

Stop work (Feb 2025 - Post Stop Work (September 2025))		Impact of SWO						
Domain	Functionality	Kenya			None	Partial	High	No data
		Feb-25	May-25	Sept-25				
Data Collection	M&E Tools Availability	Yellow	Green	Green				
	Data Quality and Completeness	Yellow	Green	Green				
	Community Based Monitoring	Yellow	Green	Green				
	Retention Monitoring and Follow up	Yellow	Green	Green				
	Commodity Tracking Systems	Green	Green	Green				
Databases, reporting and use	HMIS Reporting	Yellow	Green	Green				
	EMR Functionality	Red	Yellow	Green				
	Data Dissemination and Data Use	Yellow	Green	Green				
HRH Capacity	M&E HRH Capacity	Red	Yellow	Green				
	Supervision and Mentorship for HRH	Yellow	Green	Green				
	Capacity Building for M&E staff	Red	Yellow	Green				

Kenya experienced partial disruptions across data collection, reporting, and HRH capacity following the February 2025 stop-work order, particularly affecting EMR functionality and M&E human resources. However, through strong national coordination and partner support, functionality steadily improved by May and fully recovered by September 2025, with data systems, HMIS reporting, and supervision structures restored. Overall, the stop-work order caused only temporary setbacks, and Kenya rapidly regained full operational capacity across VTP monitoring and reporting functions.

NEXT STEPS / WAY FORWARD

Data has been used to prioritize

- Technical assistance to support counties in taking over VTP services, including the private facilities
- Capacity building of MOH frontline health care workers (nurses, clinical officers, lab and data staff)
- The scale-up of EMRs in MNCH to improve data quality
- Commodity security and sustainability

Key threats:

- Increased risk for VT due to declines in 1st ANC visits, ANC 1 testing, suboptimal PrEP uptake for HIV negative PBFW, 6-week EID, and weaker community tracking and follow-up.
- Fragmented data, low EMR use, and poor private-sector reporting create blind spots, leading to suboptimal data use for decision-making.

Key revisions to VTP service delivery and systems adaptations

- Focused private sector involvement in VTP services
- Integration of VTP services in all service delivery points
- Development of a basic service package for VTP in all service delivery points
- Training of master TOTS on PrEP integration in MNCH settings has been completed.
- Kenya will be rolling out LENACAPIVIR in 10 priority counties. Training of frontline HCWS planned for November and December 2025

