Rapid Landscape Analysis of National Vertical Transmission Policies for Inclusion of HIV Pre-exposure Prophylaxis for Pregnant and Breastfeeding People

Introduction

This brief summarizes the current status of HIV pre-exposure prophylaxis (PrEP) inclusion for pregnant and breastfeeding people (PBFP) in national vertical transmission policies, including prevention of mother to child transmission (PMTCT) or elimination of mother to child transmission (eMTCT) policies, across eight countries participating in Maximizing Options to Advance Informed Choice for HIV Prevention (MOSAIC). MOSAIC is a 5-year global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) to help adolescent girls and young women and other women* prevent HIV by accelerating introduction and scale-up of new and emerging biomedical prevention products.

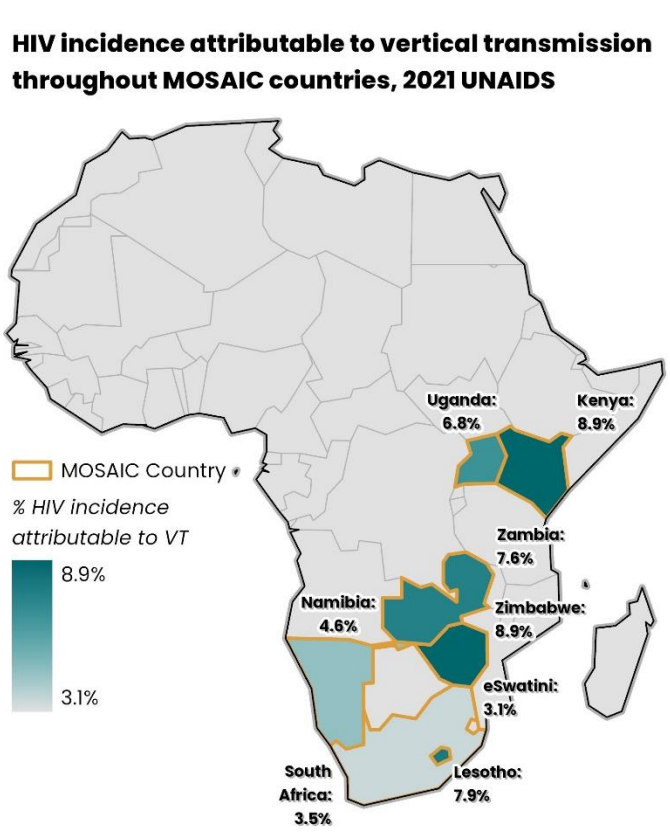
Background

Despite significant progress in controlling HIV transmission, eastern and southern Africa remain heavily affected by HIV, with 20.6 million people living with HIV[1]. This accounts for 54% of all people living with HIV in the world[1] and includes people who are pregnant or breastfeeding who have increased HIV prevention needs due to biologic, social, and behavioral factors. Vertical transmission of HIV, also commonly referred to as mother to child transmission, is the transmission of HIV from a mother to a child during gestation, delivery, or the period of breastfeeding. Annual incidence attributable to vertical transmission is as high as approximately 9% in multiple MOSAIC countries (see Figure 1).

A substantial proportion of vertical transmission is driven by incidental HIV infection during pregnancy and breastfeeding. According to epidemiologic estimates by UNAIDS for the year 2020, the cause of 35,000 (23%) new vertical HIV transmissions was due to a person acquiring HIV during pregnancy or breastfeeding (see Figure 2)[2]**.** It will be impossible to eliminate vertical transmission of HIV without expanding access to HIV prevention strategies, such as PrEP, for pregnant and breastfeeding people.

The World Health Organization (WHO) recommends the use of oral PrEP, PrEP ring, and CAB PrEP as safe and effective HIV prevention options for people at substantial risk of HIV infection[3,4]. Given evidence that oral PrEP is a safe and appropriate strategy for PBFP, increased vulnerability during these periods, and implications for potential transmission to infants, it is important to include and prioritize these populations in PrEP screening, delivery, and management.[5,6,7] Although targeted WHO guidelines on PrEP ring and CAB PrEP use in PBFP are yet to be released, emerging data suggest that both PrEP ring and CAB PrEP may be safe for use by PBFP. However, safety research is still ongoing and countries should defer to their national guidelines for the use of new PrEP products among PBFP.

* MOSAIC end users include cisgender women, transgender women, and nonbinary people and transgender men assigned female at birth; in addition, specific underrepresented groups within these end user populations include very young adolescents, sex workers, pregnant and breastfeeding individuals, those engaged in transactional sex, and individuals who use drugs.



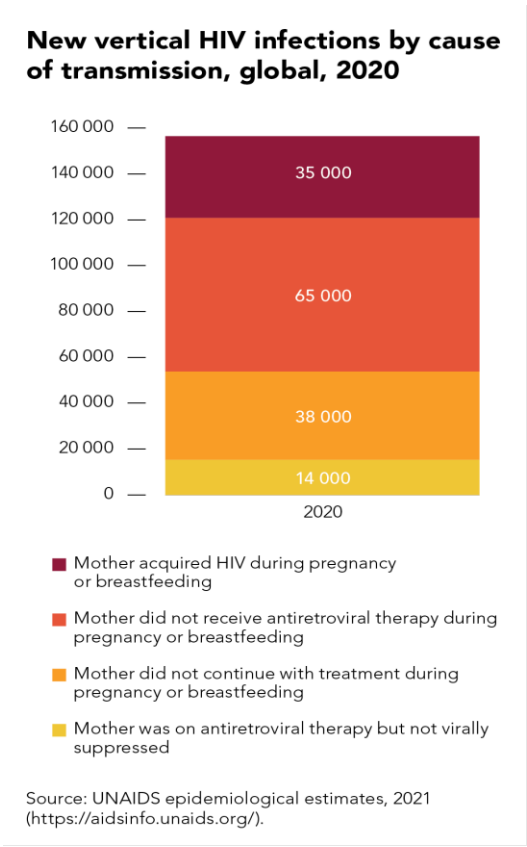


Figure 1. *Map of highlighted MOSAIC countries and HIV incidence attributable to vertical transmission 2021, Data retrieved from UNAIDS Data Book 2022*

Figure 2. *New vertical HIV infections by cause of transmission*

WHO's Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring states that '*pregnancy and the postpartum period are characterized by a substantial risk of acquiring HIV in many settings and that HIV acquired during pregnancy or breastfeeding is associated with an increased risk of HIV transmission to the infant*[8]. However, the guidelines stop short of advising PrEP for all PBFP and as a PMTCT strategy. A 2017 WHO brief entitled, *Preventing HIV during pregnancy and breastfeeding in the context of PrEP*, also stops short of advising PrEP for all PBFP and as a part of PMTCT in all populations[9]. The guidance advises that PrEP should be included for all pregnant and breastfeeding persons in settings of high HIV incidence in antenatal and postnatal settings where PMTCT programs are established. The guidelines further outline that for high burden settings and for populations with high HIV incidence in low burden setting, all HIV-negative women should be offered PrEP as part of an enhanced comprehensive HIV prevention approach. Included within WHO's 2022 technical brief, *Differentiated and simplified pre-exposure prophylaxis for HIV prevention: update to WHO implementation guidance*, is guidance around ensuring that PrEP services should be person-centered and integrated with other relevant services[10]. Though the guidance never directly refers to PMTCT integration, it lays out that 'integration of PrEP into antenatal, postnatal, and family planning services offers opportunities to improve uptake and persistence of PrEP in populations characterized by high HIV incidence.'

The potential role of PrEP in reducing vertical transmission of HIV cannot be understated, yet because the practice of PrEP use for PBFP is relatively new and emerging, inclusion of PrEP for PBFP in national policies, including PMTCT and eMTCT policies, may be lacking. This rapid review lays out a country-by-country review of the PrEP guidance for PBFP that is included in current national vertical transmission policies and identifies key recommendations for strengthening evidence-based policy support for expanding access to PrEP among PBFP.

Methods

This landscape analysis assessed the HIV vertical transmission policies (PMTCT/eMTCT) of eight MOSAIC program countries: Eswatini, Kenya, Lesotho, Namibia, South Africa, Uganda, Zambia, and Zimbabwe. The team reviewed available policy documents for each country, with a focus on collecting the most current vertical transmission guidance document for each country, including both stand-alone policies and consolidated HIV country policies that included PMTCT/eMTCT guidance or chapters. The team consulted and confirmed the final version of review with in-country technical MOSAIC project leads to cross-check that the vertical transmission policies were the most up-to-date guidance being used in-country.

Figure 3 includes a link to the policy which was found in the review to have the most updated vertical transmission policy information for each country. It is notable that many countries currently house guidance related to PMTCT/eMTCT in consolidated policies for treatment and prevention of HIV.

MOSAIC Country	Location of most up-to-date PMTCT/eMTCT Policy
Eswatini	Eswatini Integrated HIV Management Guidelines, Kingdom of Eswatini Ministry of Health, 2022
Kenya	Kenya HIV Prevention and Treatment Guidelines, Ministry of Health, National AIDS & STI Control Program, August 2022
Lesotho	National Guidelines for the Elimination of Mother to Child Transmission of HIV and Syphilis: Fourth Edition, Government of Lesotho Ministry of Health, October 2020 National Guidelines on the Use of Antiretroviral Therapy for HIV Prevention and Treatment: Sixth Edition, Government of Lesotho Ministry of Health, January 2022
Namibia	National Guidelines for Antiretroviral Therapy Pocket Guide 2021, Republic of Namibia Ministry of Health and Social Services, October 2021 National Roadmap for Elimination of Mother to Child Transmission of HIV and Congenital Syphilis, Republic of Namibia Ministry of Health and Social Services 2020-2024
South Africa	Guideline for the Prevention of Mother to Child Transmission of Communicable Infections, South African National Department of Health, October 2019

	National Consolidated Guidelines for the Management of HIV In Adults, Adolescents, Children and Infants and Prevention of Mother-to-Child Transmission, South African National Department of Health, February 2020
Uganda	Consolidated Guidelines for the Prevention and Treatment of HIV and AIDS in Uganda, The Republic of Uganda Ministry of Health, February 2022
Zambia	Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection, Republic of Zambia, Ministry of Health, December 2022
Zimbabwe	Guidelines for HIV Prevention, Testing, and Treatment of HIV in Zimbabwe, National Medicines and Therapeutics Policy Advisory Committee (NMTPAC) and The AIDS and TB Directorate, Ministry of Health and Child Care Zimbabwe, August 2022 Operational and Service Delivery Manual for the Prevention, Care and Treatment of HIV in Zimbabwe: 2022 Edition, AIDS & TB Programme, Ministry of Health and Child Care Zimbabwe, December 2022

Figure 3. *National policies addressing PrEP for PFBP (PMTCT, eMTCT or within consolidated country policies for treatment and prevention of HIV) in MOSAIC countries*

****For documents that do not contain a hyperlink, an online copy of the document could not be located. A copy of the document can be made available upon request. Contact amy.cannon@jhpiego.org to inquire.*

Findings

Eswatini

The latest guidance for PMTCT in Eswatini is included in the country's new *Integrated HIV Management Guidelines*, which includes a PMTCT chapter (Chapter 8, Page 158). The PMTCT chapter describes Eswatini's opt-out approach for providing PrEP to HIV negative PBFP. Table 8.5 of the guidelines states: '*As a part of efforts to achieve the elimination of MTCT, all HIV-negative pregnant and lactating women should be offered PrEP using the OPT OUT approach. If a woman deems herself low risk after complete discussion regarding PrEP benefits, clearly document refusal and offer PrEP again at the next visit.'*

The PMTCT chapter advises that pregnant and lactating women on PrEP should be retested one month after initiation and that PrEP refill schedules should align with the antenatal care and the mother-baby pair (MBP) visits. Suggested intervals for re-testing HIV-negative pregnant women and lactating women are also outlined and encouraged to line up with planned ANC or mother-baby pair schedules.

Kenya

The most up to date PMTCT guidance for Kenya are included within the 2022 edition of the *Kenya HIV Prevention and Treatment Guidelines*. The PMTCT chapter included in these national ARV guidelines (see Page 163) briefly touches on PrEP for PBFP within recommendations around the essential package of antenatal care (ANC). The guidelines outline that within ANC individual and group counseling, '*all pregnant and breastfeeding women should receive information on risk reduction, including PrEP where appropriate'* (see Page 163, Table 7.1).

The chapter on prevention services (see page 30, Table 2.1) within the *Kenya HIV Prevention and Treatment Guidelines* specifies that all pregnant people should be screened for eligibility and willingness for PrEP and that prevention services should be offered to all pregnant and breastfeeding people who test HIV *negative.* The PrEP chapter (Page 212) of the national *Kenya HIV Prevention and Treatment Guidelines* details that pregnancy and breastfeeding are not contraindications to provision of PrEP, and that PrEP can be prescribed during the pre-conception period, throughout pregnancy, and to breastfeeding individuals to reduce risk of sexual HIV infection.

Lesotho

The *National Guidelines for the Elimination of Mother to Child Transmission of HIV and Syphilis: Fourth Edition* of Lesotho include extensive information on providing PrEP to pregnant and breastfeeding people. The guidelines read, *'PBFW will benefit from PrEP to enhance prevention of MTCT as women infected with HIV during pregnancy and breastfeeding have a higher risk of transmitting HIV to their infants, compared to those infected prior to pregnancy. As such, it is very important to include these sub-populations in PrEP screening, delivery, and management. HIV-negative pregnant and breastfeeding women seen during ANC and PNC should be considered for PrEP. Thorough risk assessment should be done at all visits following eligibility criteria.'*

The guidelines suggest that the eMTCT guidance should be used together with any updated PrEP guidance in the *National Guidelines on the Use of Antiretroviral Therapy for HIV Prevention and Treatment: Sixth Edition*, and notes that contraindications for PrEP use in pregnancy and breastfeeding include the same contraindications used for non-pregnant, non-breastfeeding clients. Guidance is included on how to decide whether to pause or stop PrEP for PBFP, the suggested pathway for evaluating potential side effects of PrEP and screening for intimate partner violence (IPV) in PrEP settings for PBFP.

The *National Guidelines on the Use of Antiretroviral Therapy for HIV Prevention and Treatmen*t mirror messaging of the eMTCT policy as it pertains to pregnant and breastfeeding people. While the guidelines go into much more detail on the specifics of PrEP counseling, administration, side effects and follow-up – they do not cover much more material or different material for pregnant and breastfeeding people as compared to the eMTCT policy.

Namibia

The latest PMTCT stand-alone document in Namibia (*National Guideline for the Prevention of Mother to Child Transmission, Third Edition, November 2017*) does not include PrEP for PBFP. The Ministry of Health and Social Services of Namibia has indicated that revisions to PMTCT guidelines are currently in the pipeline but that the document is not ready for sharing. The *National Guidelines for Antiretroviral Therapy (Pocket Guide 2021) and* the *National Roadmap for Elimination of Mother to Child Transmission of HIV and Congenital Syphilis (2020-2024)* are the guidance documents used in Namibia to inform the provision of PrEP for PBFP currently.

The eMTCT chapter in the Namibia N*ational Guidelines for Antiretroviral Therapy* includes information on treatment monitoring of HIV-positive pregnant and breastfeeding people. The guidelines include a chapter on PrEP where it states that one of the indications for PrEP would be pregnant or breastfeeding HIV-negative women in serodifferent relationships, although other potential indications are not included.

The first (of five) strategic objectives included as part of the Namibia eMTCT National Roadmap (2020-2024) is to enhance primary prevention of HIV and syphilis among women of reproductive age, with a special focus on pregnant women and breastfeeding mothers. The roadmap describes key actions to be taken between 2020 and 2024, including extensive measures around developing and implementing a national minimum package and protocols for primary prevention of HIV for pregnant and breastfeeding people, building capacity of health workers to implement evidence-based interventions to prevent incident infections among pregnant and breastfeeding people including use of condoms, PrEP and STI management and implementing innovative interventions to increase testing and counselling of male partners of pregnant and breastfeeding people including partner initiated self-testing and male partner incentive package.

South Africa

South Africa's *Guideline for the Prevention of Mother to Child Transmission of Communicable Infections* was last updated in October 2019. South Africa has a broader consolidated HIV management document that is also used, called the *National Consolidated Guidelines for the Management of HIV In Adults, Adolescents, Children and Infants and Prevention of Mother-to-Child Transmission*. These were last updated in February 2020. New guidelines on Vertical Transmission Prevention in South Africa are coming out in 2023, though the guidelines were not available at the time of this review. South Africa will shift policy language from 'PMTCT' to 'Vertical Transmission Prevention.'

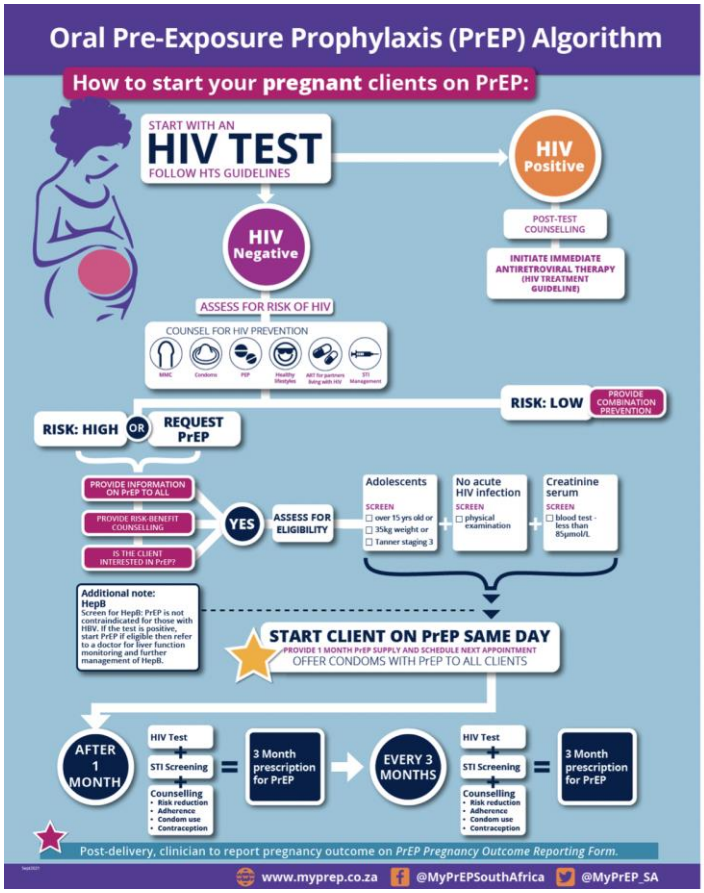


Figure 4. *Oral PrEP Algorithm for PBFP in South Africa. Updated Guidelines for the Provision of Oral PrEP in South Africa. National Department of Health (2020).*

The information in both of these documents surrounding PrEP for PBFP is aligned between the two documents, even using the same wording, with both lacking clear language to indicate that PrEP should be provided to PBFP. The guidance in both outlines that '*PrEP should be included in the HIV prevention services package offered to all HIV negative women, including adolescent girls, young women and sex workers.'* The guidance goes on to read that '*for PrEP in other populations, consult the current PrEP guidelines*' (see page 14 PMTCT Guideline, and Page 78 in National HIV Consolidated guidelines). For the latest guidance on PrEP for PBFP, readers are deferred to South Africa's Guidelines for the Provision of PrEP for Persons at Substantial Risk of HIV Infection. Of note is that the 'Guidelines for the Provision of PrEP for Persons at Substantial Risk of HIV Infection' referenced in both the PMTCT guidelines and consolidated HIV guidelines do include more information around providing PrEP for PBFP and include

guidance around providing PrEP to every eligible pregnant person. They include a job aid (see Figure 4) to help health care workers triage and start their pregnant clients on PrEP, as well as an oral PrEP job aid with key counseling messages for pregnant and breastfeeding women. Having separate PrEP guidelines, while important for having ample space to outline recommendations and implementation resources, runs the risk of underutilization since it is disconnected from the PMTCT and consolidated HIV guidelines.

Uganda

Uganda's latest eMTCT guidance is included as a chapter within the *Consolidated Guidelines for the Prevention and Treatment of HIV and AIDS in Uganda*, last updated in 2022. PrEP is recommended as part of a HIV prevention package for pregnant and breastfeeding people '*at substantial risk of acquiring HIV*.' The document outlines that '*discordant couples, sex workers, fisher folk, long distance truck drivers, men who have sex with men (MSM), uniformed forces, and adolescents and young women including pregnant and lactating women at substantial risk should always be assessed for eligibility for PrEP.'* EMTCT interventions, including PrEP, are instructed to be integrated into maternal, newborn, child, and adolescent health (MNCAH) services which include, but are not limited to, the ANC, labor and delivery, postnatal care, adolescent clinics, sick child clinics at health facilities and community sites.

The HIV prevention chapter also outlines the process of providing PrEP, including: screening for risk of HIV, screening for PrEP eligibility, steps to initiation of PrEP, follow-up/monitoring clients on PrEP, and guidance on discontinuing PrEP. For more detailed guidance on the provision of PrEP, the document refers readers to the *Technical Guidance on Pre-Exposure Prophylaxis for Persons at High Risk of HIV in Uganda*, updated in 2022. These guidelines include even more resources and guidance around PrEP for PBFP.

Zambia

The PMTCT/eMTCT guidelines for Zambia are included in the December 2022 *Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection.* The PMTCT Chapter (starting on page 43), includes providing PrEP for pregnant and breastfeeding people in all trimesters as a key recommendation. It further details that childbearing females with HIV negative test results should be counseled and initiated on PrEP, if eligible.

The policy outlines eligibility or specific indications for PrEP for pregnant and breastfeeding people later in the HIV prevention chapter as: *1) A woman taking PrEP who subsequently becomes pregnant and remains at substantial risk of HIV infection, 2) A pregnant or breastfeeding HIV-negative woman who is or perceives herself to be at substantial risk of HIV acquisition, 3) A pregnant or breastfeeding HIV-negative woman whose partner is HIV-positive and 4) An HIV- negative woman who is trying to conceive if her partner is HIV- positive.* Substantial risk is defined by the guidance as: *engaging in one or more of the following activities within the last six months: Vaginal/anal intercourse without condoms with more than one partner, sexually active with a partner who is known to be HIV positive or at substantial risk of being HIV positive, sexually active with an HIV-positive partner who is not on effective treatment (defined as on ART for < 6 months or not virally suppressed), history of STI, history of PEP use or history of sharing injection material or equipment.*

This same HIV prevention chapter also includes extensive guidance around PrEP for PBFP, including rationale for providing PrEP to people who are at increased risk of HIV acquisition during pregnancy and breastfeeding, and safety guidance for offering PrEP to this population. The guidelines include

substantial recommendations around service delivery mechanisms and recommendations for providing PrEP during pregnancy and breastfeeding, including lab monitoring, adherence, active surveillance, follow-up, and when to discontinue therapy. The guidelines advise that PrEP is an important new HIV prevention method that should be included in both antenatal and postnatal care services. Lastly, guidance is included around ensuring PBFP are able to make an informed choice after being counseled on the full range of HIV prevention modalities.

Zimbabwe

In 2022, in line with the Zimbabwe National HIV and AIDS Strategic Plan[11] (2021-2025), the Zimbabwe Ministry of Health and Childcare launched new guidelines titled *Guidelines for HIV Prevention, Testing, and Treatment of HIV in Zimbabwe*. The guidelines include a PMTCT chapter which advises the following for pregnant and breastfeeding people: *'Offer to start or continue PrEP, based on individual risk with discussion of benefits and risks. An increasing body of evidence has demonstrated that TDF-containing oral PrEP is safe during pregnancy and breastfeeding. Monthly use of the dapivirine vaginal ring has been shown to be safe and effective for HIV prevention among non-pregnant women of childbearing potential. However, data on how dapivirine affects pregnancy outcomes and infants are limited.'*

The PMTCT chapter of the guidelines refers to the prevention chapter for further clarity on defining at risk individuals (Chapter 11). The guidance here reads: '*acquisition of HIV infection in pregnancy or during the breastfeeding period is associated with peak viremia and increased risk of HIV transmission to the baby. As such pregnant and breastfeeding people at risk of new infections (sero-discordant couples - the HIV sero-negative partner, sex workers, adolescent girls, young women and transgender people), should be provided with PrEP during pregnancy and breast feeding.'*

To accompany the new 2022 guidelines, Zimbabwe has recently updated the *Operational and Service Delivery Manual for the Prevention, Care and Treatment of HIV in Zimbabwe* which lays out implementation guidance to actualize the policies. This provides helpful "how to" guidance around where PrEP should be offered (in all facilities, at the following entry points: Sexually Transmitted Infections (STI) visits, Family Planning (FP) visits, Antenatal/Postnatal visits (ANC/PNC), Outpatient Department visits (OPD) visits and Inpatient Department (IPD) visits, and should also be offered in the community with trained nurses and where appropriate resupplies, re-testing and psychosocial support can be guaranteed). Throughout the manual, considerations are outlined for specific sub-populations, including pregnant and breastfeeding people. Particularly useful for PBFP is a MTCT risk assessment tool to be used for HIV negative pregnant and breastfeeding people. The tool is a counseling aid to identify personal risk factors, provide information, and prompt risk reduction actions among all pregnant and breastfeeding people for MTCT risk at each antenatal and post-delivery care appointment and/or child health appointments (growth monitoring, immunizations).

Discussion

Inclusion of PrEP for PBFP in national vertical transmission policies is a critical step for ensuring countries have a comprehensive roadmap for reducing HIV acquisition among pregnant and breastfeeding people and onward transmission to their infants. Doing so could bring elimination of vertical transmission a step closer to reality, as well as help close persistent HIV incidence reduction gaps in the context of 95-95-95 achievements. Among the countries in this analysis, the amount and nature of PrEP guidance included in PMTCT/eMTCT policies varied widely and gaps in national policies regarding provision of

PrEP for PBFP were noted. Recommendations are offered below to strengthen the policy environment for including PrEP guidance for PBFP in PMTCT policies.

First, it is critical that countries update PMTCT policy language to include clear and comprehensive rationale for and guidance on the provision of PrEP for PBFP. Though guidance for all PMTCT/eMTCT country policies included in this review generally established that PrEP is recommended as part of a HIV prevention package for pregnant and breastfeeding people at substantial risk of acquiring HIV, it should be clear that most pregnant and breastfeeding individuals living in MOSAIC countries are at substantial risk by virtue of simply being pregnant or breastfeeding (biologically), even if individual behavioral profiles are not consistent with other individuals typically identified as at increased risk for HIV infection. Ambiguous language may leave providers with the misconception that only pregnant or breastfeeding clients who have their own additional behavioral risks based upon screening may be eligible for PrEP, which may incorrectly exclude PBFP who would benefit from PrEP. Not all country policies include direct language, and in some policies, it is not clear whether contraindications for PrEP use in pregnancy and breastfeeding include the same contraindications used for non-pregnant, non-breastfeeding clients. Eswatini's policy is a good example of a policy that defined criteria clearly, as it is advised that *all HIV-negative pregnant and lactating people should be offered PrEP using the OPT OUT approach.* With this approach, every pregnant person and lactating person is offered PrEP at every visit and given the opportunity to individually 'opt out' after a complete discussion regarding PrEP benefits.

Harmonization of wording surrounding provision of PrEP to PBFP across PMTCT stand-alone documents, consolidated HIV guidance documents, and PrEP stand-alone guidance is critical for information to be clear and accessible. In countries where guidance for PrEP for PBFP is included in both PMTCT/eMTCT policies and consolidated HIV guidelines, it is important that language/guidance is aligned between the two policies and that when updates are made to one policy – they are quickly updated and reflected in the other policy to avoid confusion. It is also important that if stand-alone PrEP guidance exists, that this guidance is translated and updated back into the existing PMTCT policies, as our review found this was often not the case. Inconsistent language across policies may lead to misunderstanding and errors by providers and implementers.

Inclusion of further guidance around when, by whom, and where to provide PrEP to PBFP is necessary in PMTCT policies. Though general guidance to provide PrEP to PBFP was included, very little guidance on when and where to offer PrEP to PBFP was included in PMTCT policies. Zimbabwe's policy outlined a good example of being specific on this front by including recommendations that PrEP should be offered in all facilities at the following entry points: STI, FP, ANC/PNC, OPD, and IPD, and should also be offered in the community with trained nurses and where appropriate supplies, re-testing for HIV, and psychosocial support can be guaranteed.

Nearly all PMTCT policies reviewed could benefit from inclusion of or reference to further implementation guidance for providing PrEP to PBFP. Many valuable job aids and tools to support provision of PrEP for PPFP were found during this review in documents other than the main PMTCT/eMTCT policies. Examples are the job aid algorithm in South Africa for helping health care workers triage and start pregnant clients on PrEP. Another example is the Zimbabwe MTCT risk assessment tool currently housed in the HIV Operational and Service Delivery Manual, which is a valuable tool advised to be used at ANC and post-delivery visits to assess risk factors and aid providers in providing risk reduction actions, such as PrEP. Implementation guidance and job aids could facilitate more widespread access to PrEP among PBFP, yet these resources may be missed if scattered among various documents that may be challenging to locate and not cited or referenced in PMTCT policies.

It is likely that maternal incidence and vertical transmission rates will remain high, despite progress toward 95-95-95 goals, unless primary HIV prevention strategies, including provision of PrEP for PBFP, are expanded. Having accurate, evidence-based national policy frameworks and implementation strategies are critical to enabling expanded access to PrEP for PBFP. Given the wide variety of language and guidance included within vertical transmission policies for provision of PrEP to PBFP, it would be beneficial to develop a policy template for vertical transmission policies that can be adapted to specific country needs to help strengthen the quality of national guidance. This could be placed in a readily accessible location, such as PrEPWatch, and updated regularly with policy wording suggestions for inclusion of PrEP for PBFP in vertical transmission policies that follow the latest WHO guidance.

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