



**Global Health Security  
and Diplomacy**  
U.S. DEPARTMENT *of* STATE



**PEPFAR**  
U.S. President's Emergency Plan for AIDS Relief

# PEPFAR Priorities for Vertical Transmission Programming

**Dr. Michelle Chevalier**

U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

Bureau of Global Health Security and Diplomacy, U.S. Department of State

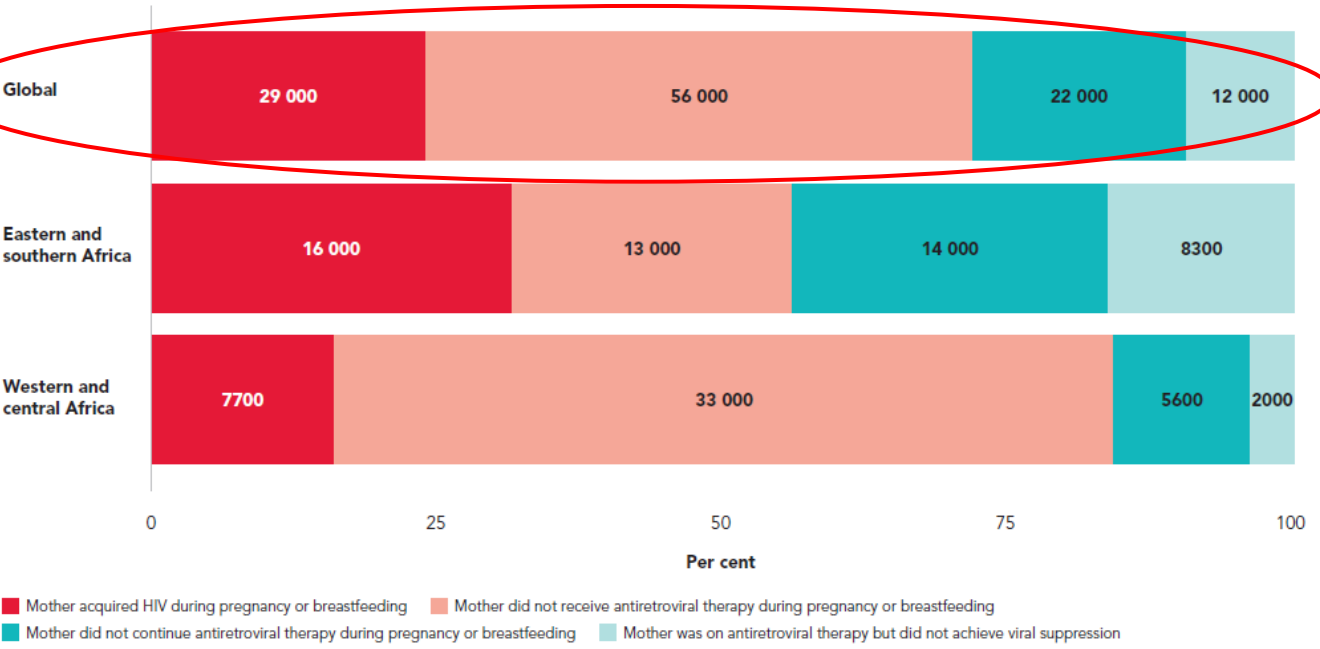
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# Persistent Gaps in PMTCT programs have slowed global reductions in Vertical Transmission

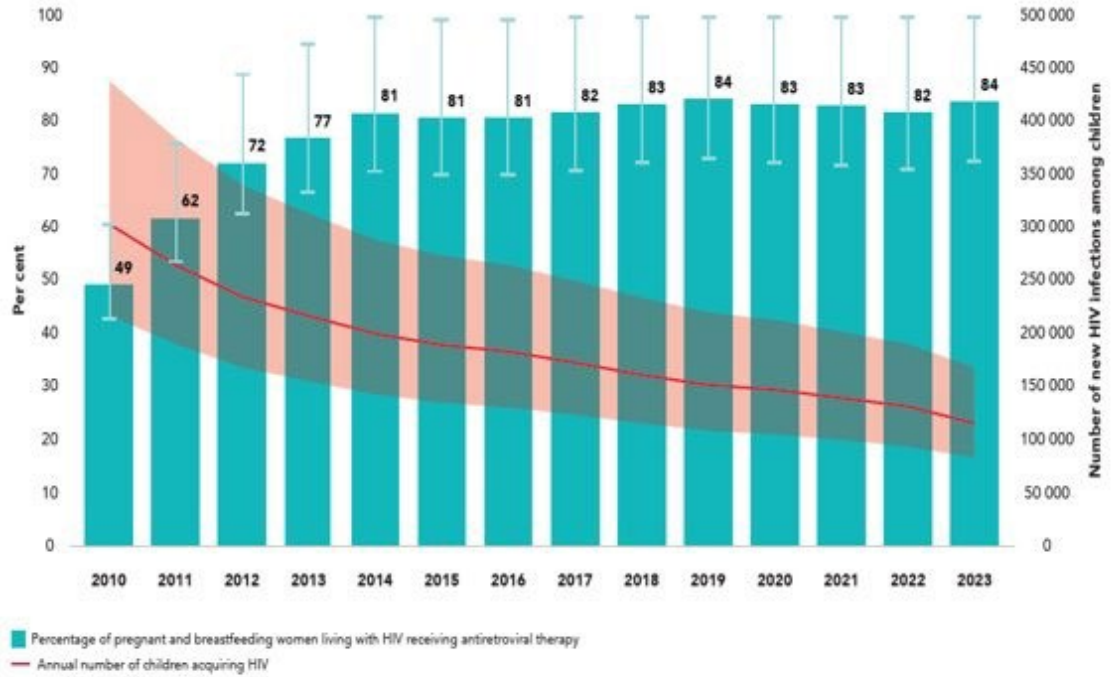
Factors contributing to new child infections during pregnancy and BF include **maternal incident infection**, **limited maternal access to ART**, **cessation of ART**, and **failure to achieve viral suppression**.

**Figure 4.3** Percentage of new vertical HIV infections by cause of transmission, global and selected regions, 2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

Annual number of children (aged 0–14 years) acquiring HIV and percentage of pregnant and breastfeeding women living with HIV receiving antiretroviral therapy, global, 2010–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

# PEPFAR Prevention of Mother-to-Child-Transmission (PMTCT) Programs

- Prevention of mother-to-child transmission (PMTCT) of HIV has been a hallmark of PEPFAR's work to help ensure that babies of women living with HIV are born HIV-free.
- PEPFAR investments have resulted in over **7.8 million babies being born HIV-free**.
- Since 2010, **PEPFAR-supported efforts have slashed by more than half** the number of new HIV infections for children by:
  - Supporting the scale-up of comprehensive antenatal and postnatal service
  - Providing prevention education
  - Optimizing HIV testing and ART coverage
  - Offering pre-exposure prophylaxis (PrEP) to those at-risk during pregnancy, childbirth, and breastfeeding.
  - Increasing testing access for sexual partners to ensure immediate linkage to treatment if positive, or to HIV prevention services, including PrEP, if negative.
- PEPFAR uses data to ensure the effective linkage of pregnant and breastfeeding women living with HIV to programs for orphans and vulnerable children (OVC) that support maternal health and infant follow-up during pregnancy and postpartum.



# PEPFAR PMTCT Priorities

## Enhancing HIV Prevention & Treatment Services for PBFW to Reduce New Child Infections

- Maternal retesting scale-up
- HIV prevention
  - PrEP for PBFW
  - Introduction, monitoring and surveillance for CAB-LA/LEN
  - U=U messaging scale-up
- Testing and treatment scale-up for at-risk mothers including AGYW and FSW
- EID coverage
- Early Infant prophylaxis
- Longitudinal tracking of Mother-baby pairs for linkage to prevention and treatment services

## Data Quality Improvement

- Pregnancy estimates--> ANC surveillance and PMTCT data quality improvement
- National Data alignment and EMR integration for PMTCT data (on-going)
- MER PMTCT indicator revisions

## Integrated Services for Maternal Health

- Enhanced Triple elimination efforts (HIV, Syphilis, and Hep B) at the national, facility, and community levels
- Reducing maternal and neonatal mortality by way of early identification and rapid and uninterrupted uptake of HIV services

## Safe Births, Healthy Babies Initiative

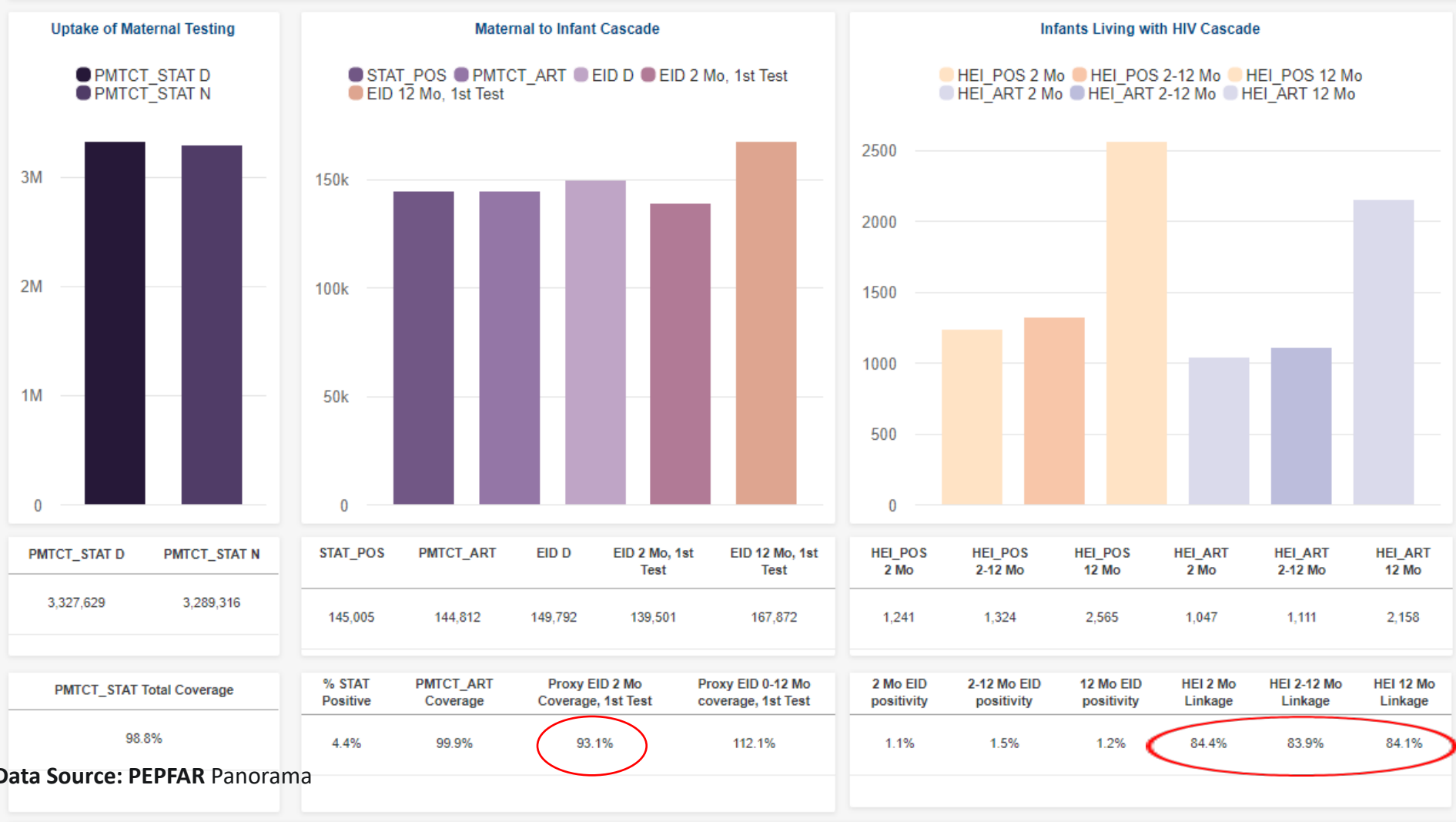
- By the end of the 2-year initiative, all beneficiary countries (2-3) are expected to make significant progress towards eligibility for the Bronze certification of MTCT as defined by the WHO
- By 2026, vertical transmissions and maternal deaths are expected to reduce by approximately 30% among SBHB regions

## Partnerships & Initiatives

- Pillar 2/3 for Global Alliance to End HIV/AIDS in Children by 2030
- AP3 (Pillar 1)
- SBHB partnerships to accelerate progress/reduce VT and MMR

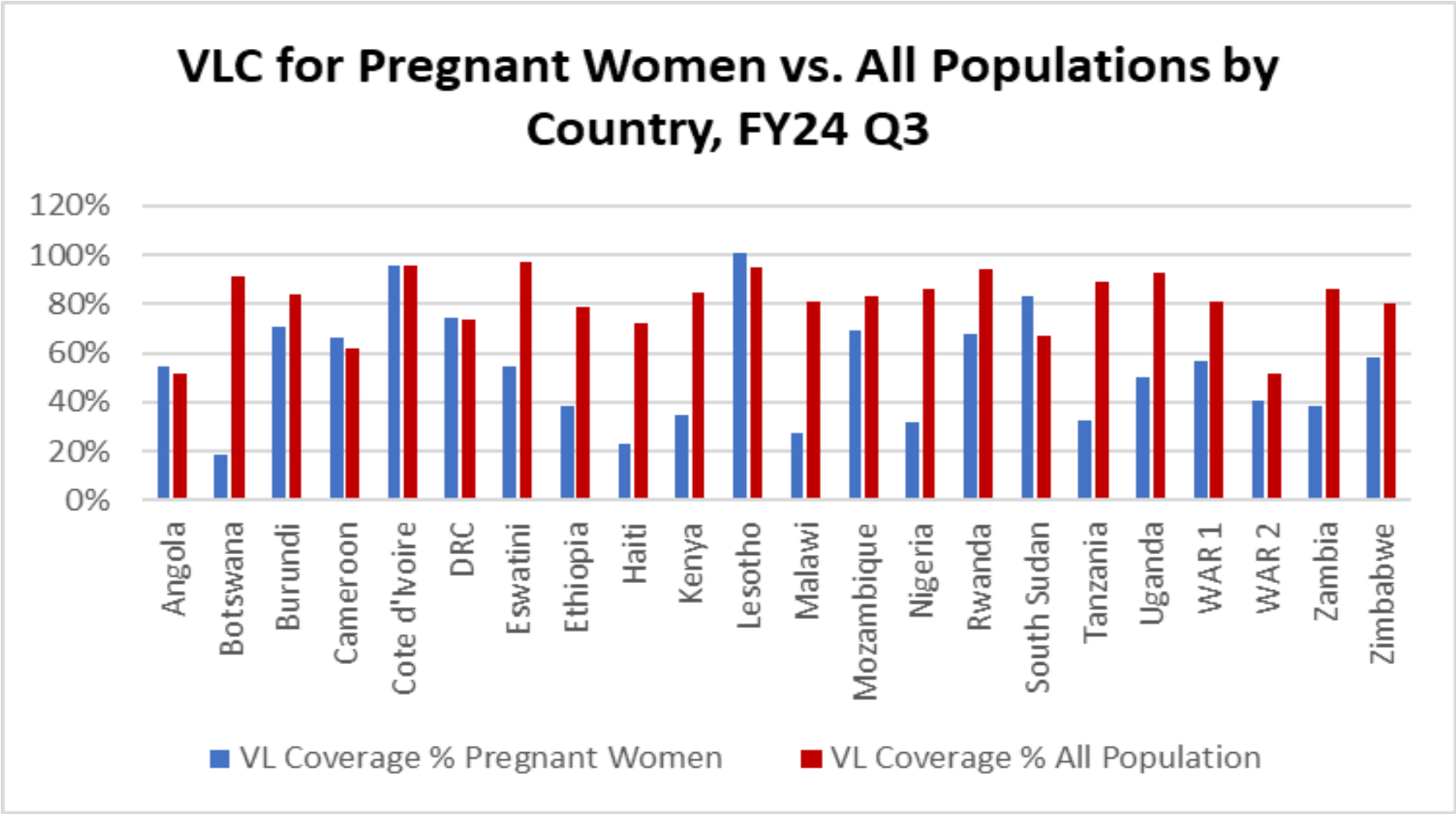


# Successful in reaching PBFW with PMTCT services, but gaps still exist in Infant Testing Coverage and Treatment Linkage



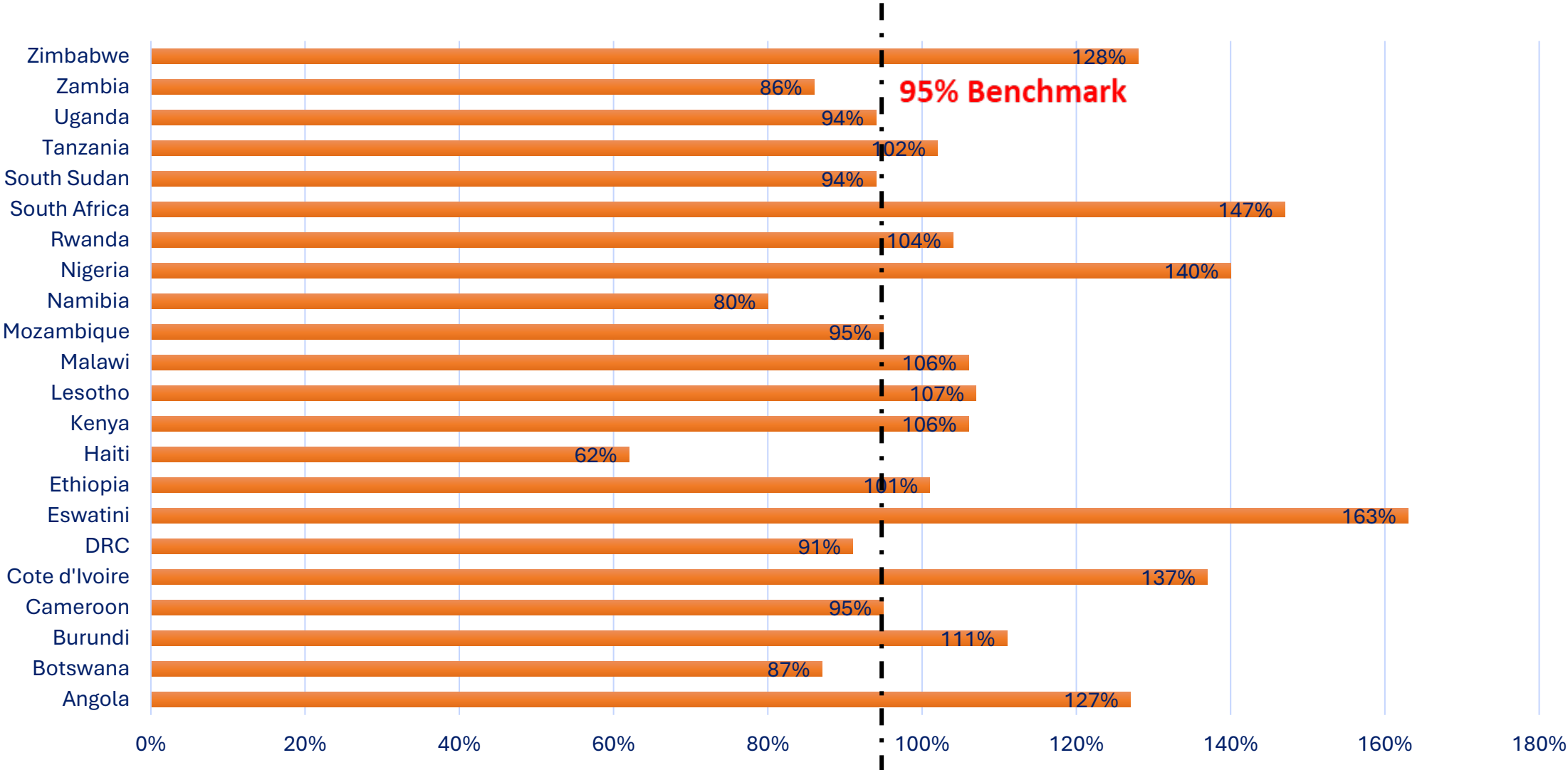
Data Source: PEPFAR Panorama

# Viral Load Coverage for Pregnant Women is Improving across PEPFAR-supported countries in FY24 Q3 but gaps remain



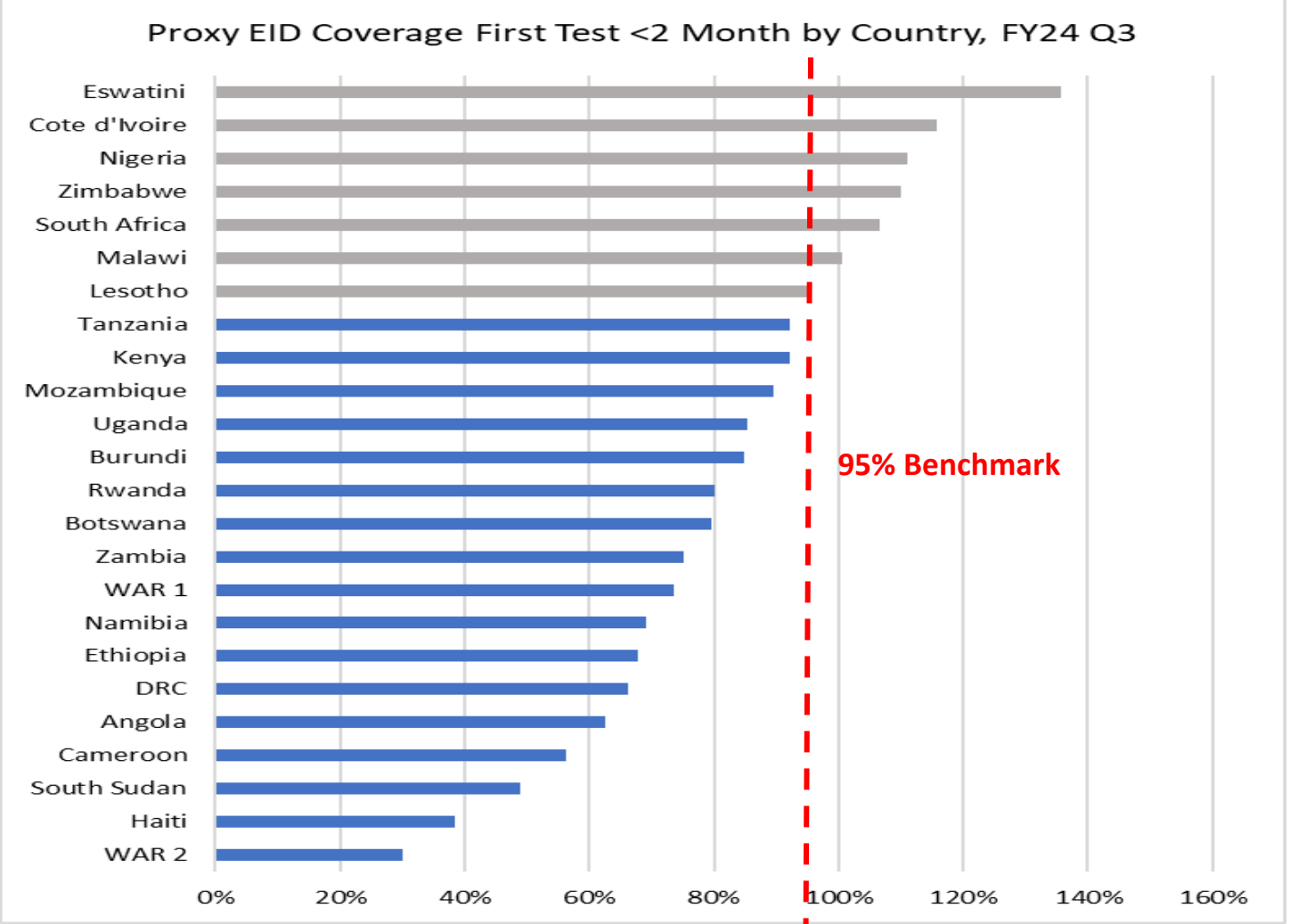

Data source: PEPFAR Panorama

# In FY24, 64% of PEPFAR-supported Countries Achieved Early Infant Testing Benchmarks, 0-12 months



# In FY24 Q3, seven countries achieved the 95% target for infants tested by $\leq 2$ months of age

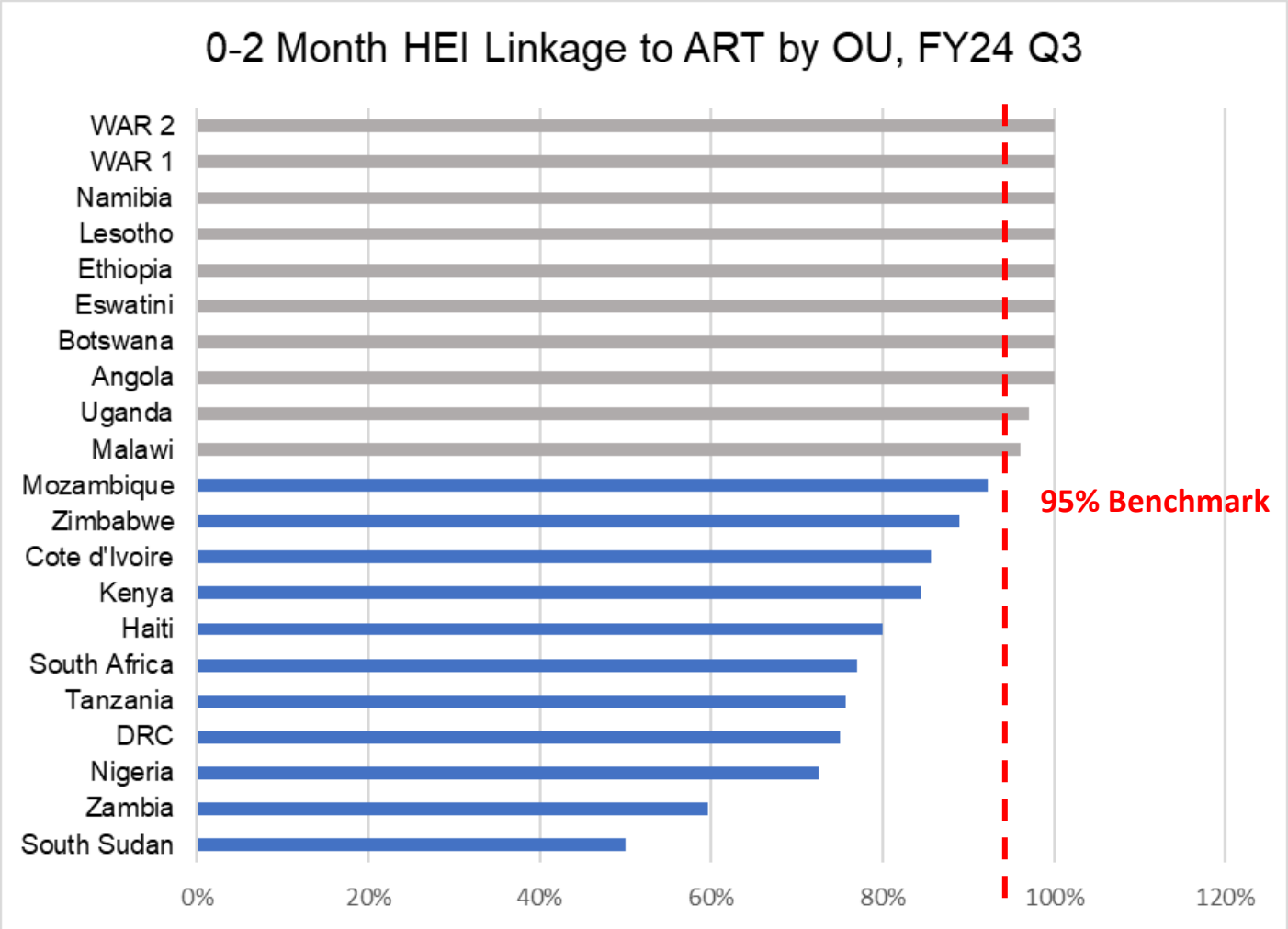
Countries with proxy EID coverage first test  $\leq 2$  mo below 95%



Data source: PEPFAR Panorama

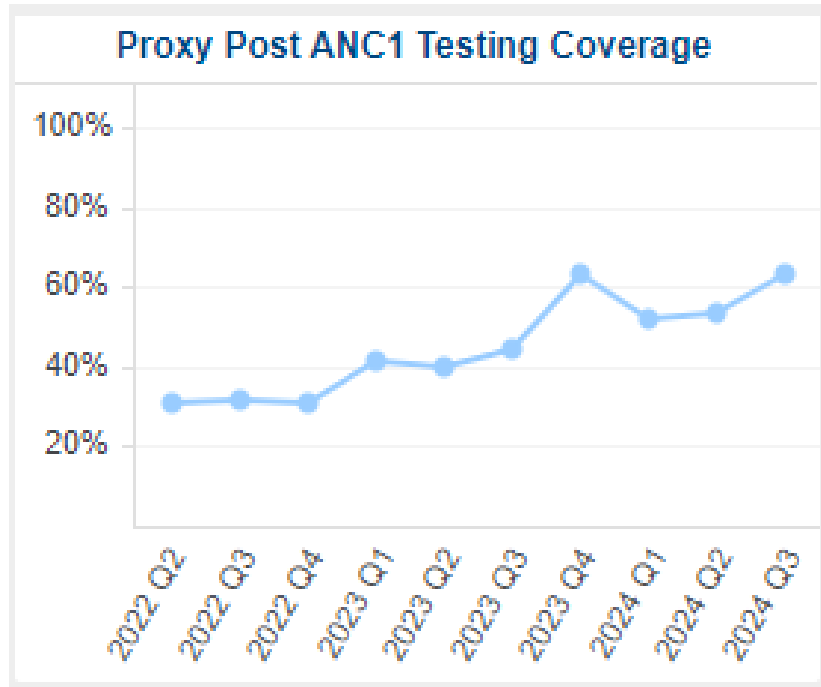


# In FY24 Q3, Half of PEPFAR PMTCT programs are reaching 95% linkage benchmarks for HEI by 2 months



Data source: PEPFAR Panorama

# Maternal Retesting is Steadily Increasing but implementation barriers/challenges persist



Maternal Retesting continues to be scaled over time across AP3 countries (DRC, Nigeria, Mozambique, Tanzania, South Africa, Uganda and Zambia)

Data source: PEPFAR Panorama

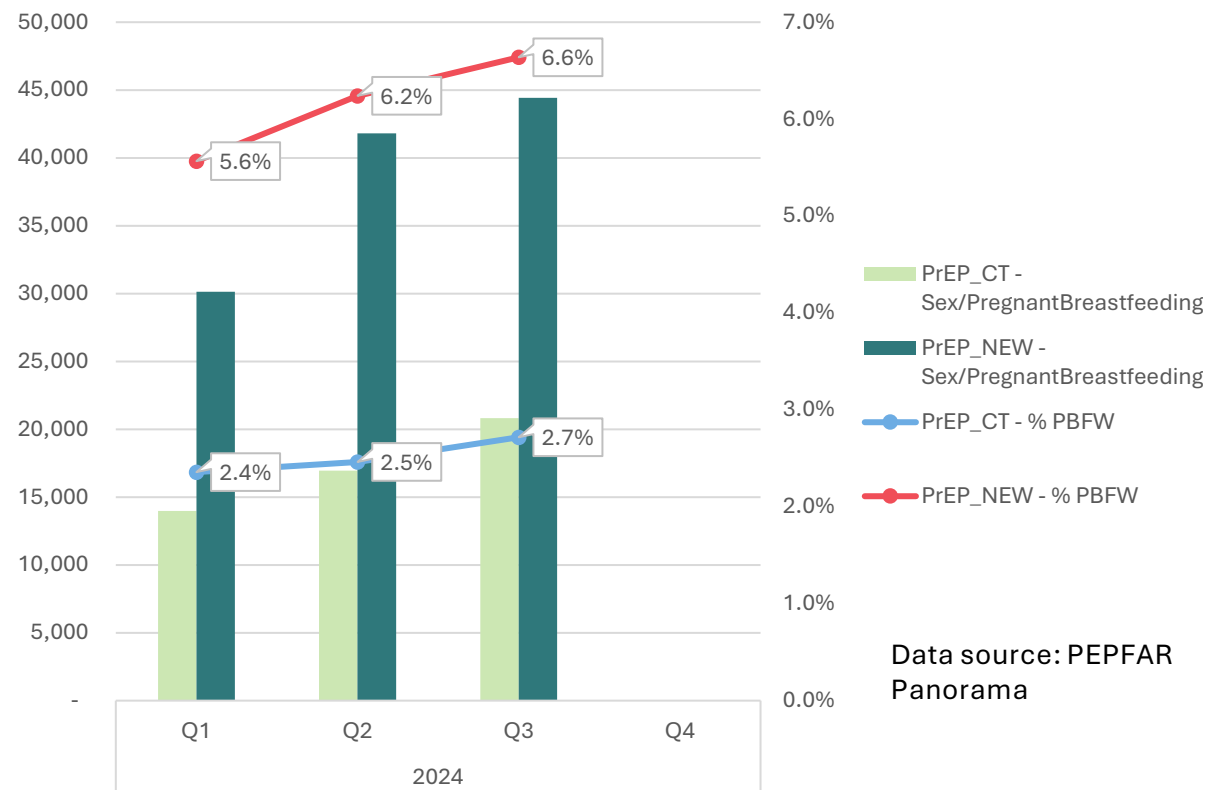
- Maternal HIV retesting has increased over time but is **inconsistently implemented**
- Many countries lack clarity on **when** and **how often** to retest pregnant and postpartum women to optimize resources and service delivery.
- **Surveillance systems** will need to be strengthened to reduce loss to follow-up of HIV negative pregnant women before they've had a chance to be retested
- **Quality assurance** is needed to ensure reliable diagnoses of HIV infection at ANC service delivery sites
- **Innovative strategies and education** are needed to ensure the uptake of HIV self-testing and other testing strategies in areas where women are hard to access.



# PrEP for Pregnant and Breastfeeding Women

- **PrEP, including long-acting injectable methods, is safe during pregnancy and breastfeeding.**
- PrEP should be provided as part of a comprehensive package of HIV prevention services that includes HIV testing, assisted partner notification, provision of male and female condoms and lubricants, contraception and screening and treatment of STIs.
- **Recognize “seasons of risk”.** Women should be supported to start and stop PrEP if their HIV risk changes.
- **PrEP is not for everyone.** It’s a choice and women should be making an **informed decision** based on their level of risk
- **On-going surveillance is necessary**—Active surveillance of PBFW receiving PrEP is needed. National surveillance should identify and record adverse pregnancy and infant outcomes.

Percentage of PBFW on PrEP out of total on PrEP in PEPFAR programs, FY23 Q3



# Safe Births, Healthy Babies Overview & Goals



In August 2023, PEPFAR announced a new **2-year \$40,000,000 initiative** entitled “Safe Births, Healthy Babies” to be implemented in 3 high HIV burden countries. Program implementation is expected to begin following Congressional Notification approval.

The multi-tiered effort will enhance antenatal and maternal services to **accelerate progress to eliminate vertical transmission of HIV** while simultaneously achieving important **reductions in maternal and neonatal mortality rates.**

Enhanced Prevention of Mother-to-Child Transmission of HIV (PMTCT) and antenatal care (ANC) services

Increased investments to improve access and availability of (emergency) Maternal and Newborn care

Health System Strengthening investments for improved PMTCT and Maternal, Neonatal and Child Health



- 30% reduction in vertical transmission of HIV in SBHB regions
- Progress in reaching eligibility for WHO bronze tier "Path To Elimination" certification
  - Improved maternal and neonatal outcomes in SBHB regions



# Safe Births, Healthy Babies Concept

Enhanced PMTCT and ANC services	Increased investments to improve access and availability of (emergency) Maternal and Newborn care	Health Systems Strengthening investments for improved PMTCT & MNCH
<ul style="list-style-type: none"> <li>• <b>Scaling-up community-level and facility-level interventions</b>, aiming to attract and retain pregnant women in HIV care, including adolescent and young mothers.</li> <li>• Promote <b>accessible</b> and dependable <b>ANC services</b> (including HIV services)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Fill gaps in preexisting services</b> that can help address the leading causes of <b>maternal mortality</b> among mothers living with HIV</li> <li>• Support <b>emergency obstetric and newborn care</b> for at-risk and WLHIV —After childbirth, HIV+ breastfeeding mothers will be supported to <b>prevent transmission, monitor complications from childbirth</b>, and enhance access to early infant diagnosis (EID) and ART.</li> </ul>	<ul style="list-style-type: none"> <li>• Leverage HIV health system platforms to <b>improve data management, quality control and supply chains</b> at service delivery entry points to reduce preventable mortality</li> <li>• <b>Enhance skills among health workforce</b> to improve maternal and infant outcomes among WHLIV and other women at risk.</li> </ul>

Private sector partnership opportunities across maternal and newborn health, bridging and strengthening PMTCT services that are continuous with other MNCH services offered.

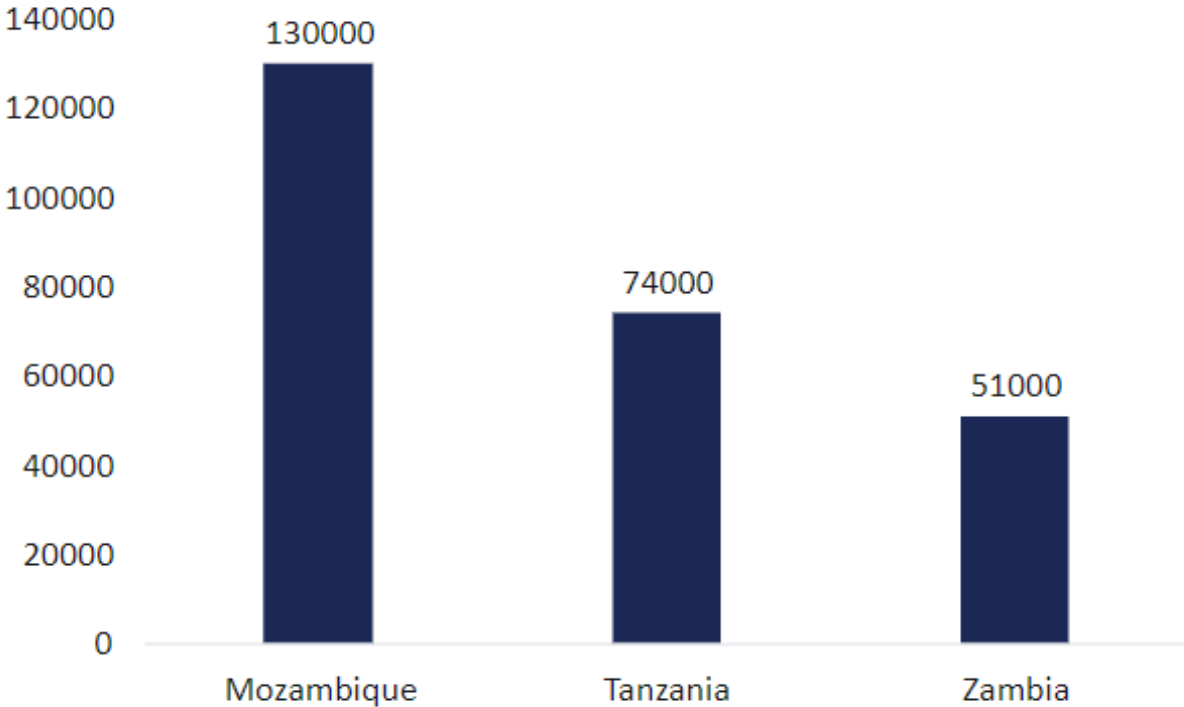


# SBHB Countries Announced in December 2023

**Mozambique, Tanzania** and **Zambia** were selected as “Safe Births, Healthy Babies” country recipients.

PEPFAR estimates **reaching over 200,000 Pregnant Women living with HIV** in these three countries, potentially **averting nearly 7,000 new infant HIV infections**, thereby reducing the global burden of **new HIV infections among children by 5%.\***

Number of HIV+ Pregnant Women (UNAIDS 2020)



Maternal Mortality Ratio\*



\*Deaths per 100,000 live births Source: World Factbook 2020

\*Estimates based on UNAIDS 2020 data

# Botswana becomes 1<sup>st</sup> high-burden country to be certified for achieving important milestone on the path to eliminating MTCT of HIV by the World Health Organization



- Botswana has achieved the “silver tier” status
- This certification is awarded to countries that have:
  - Brought the mother-to-child HIV transmission rate to under 5%
  - Provided antenatal care and antiretroviral treatment to more than 90% of pregnant women
  - Achieved an HIV case rate of fewer than 500 per 100,000 live births.



Source: WHO,  
<https://www.afro.who.int/news/botswana-first-country-severe-hiv-epidemic-reach-key-milestone-elimination-mother-child-hiv>

# Thank You!



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