



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

South Africa's Vertical Transmission Prevention Progress

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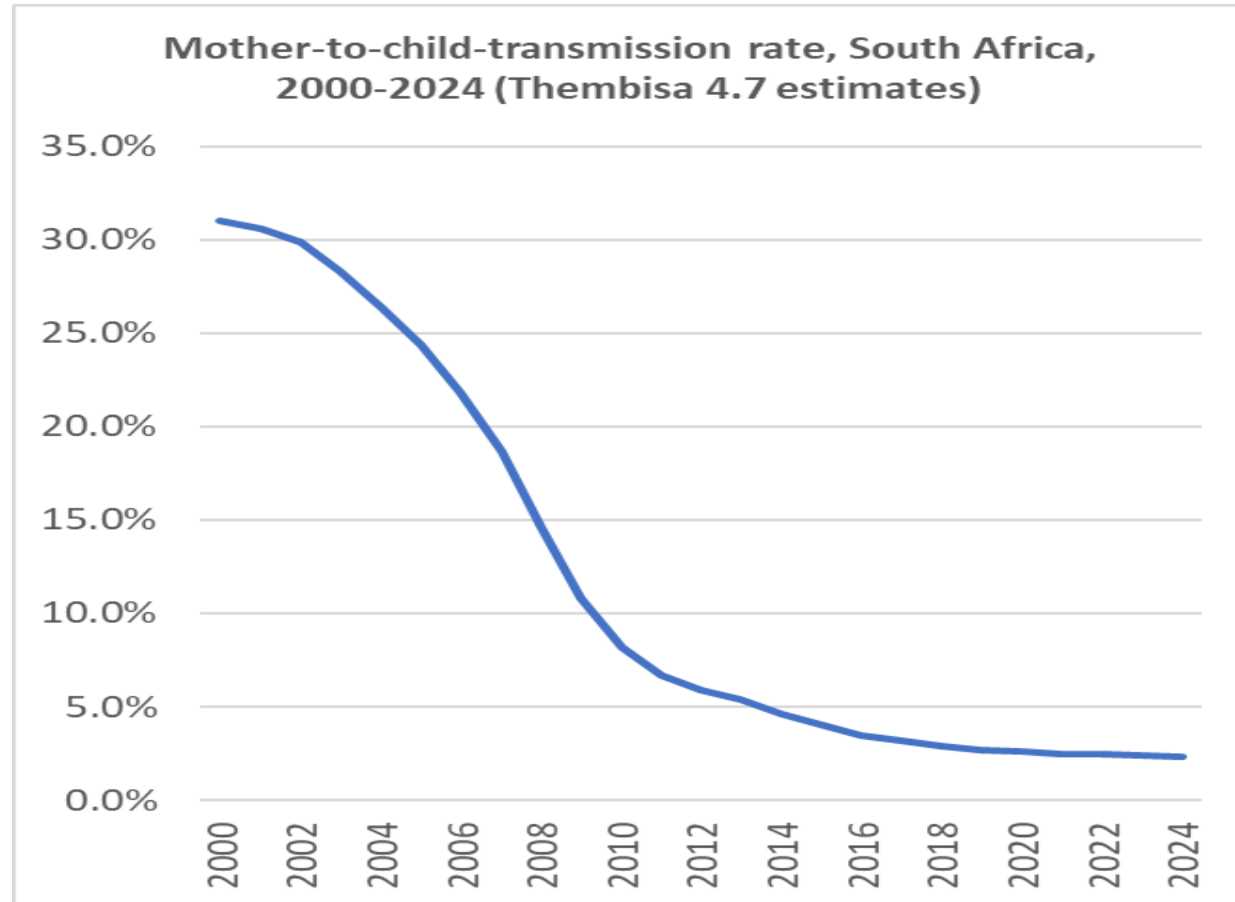


HIV
Impact Network for
Vertical Transmission
Elimination



South Africa's HIV Epidemiology & VTP journey

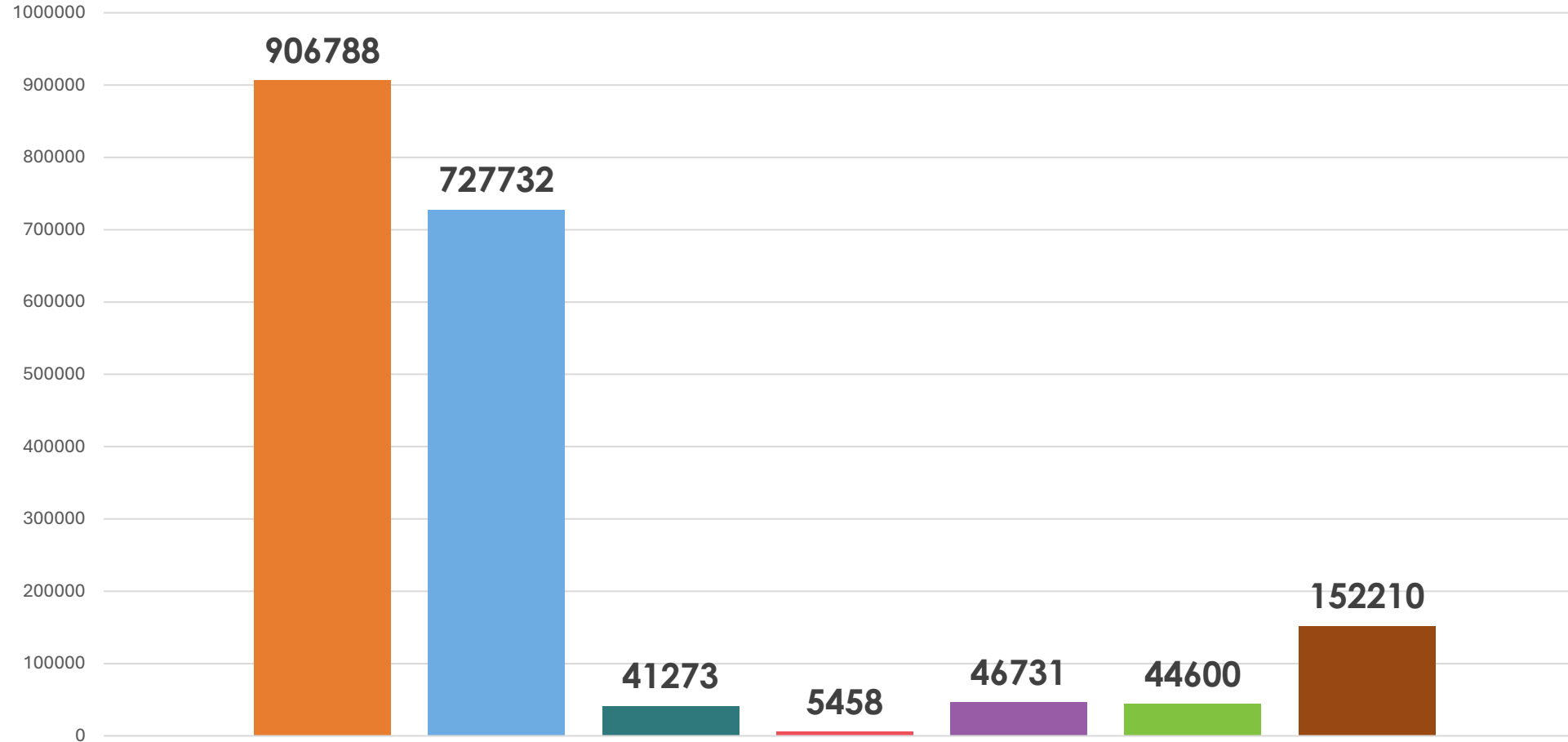
- HIV Prevalence, Overall: **12.5%**
- In Pregnant Women: **21.5%**
- Vertical transmission rate: Reduced from **31.0% in 2000** to **2.3% in 2024**
- ANC-1 coverage: **82.1%** (2020, DHIS)
- **99%** of ANC clients tested for HIV
- 100% of pregnant women tested positive initiated on ART



SD NVP	AZT from 28 weeks +NVP at labour	AZT from 14 weeks + SD NVP and Truvada at delivery	Option B (Triple therapy using WHO CD4 eligibility criteria)	Option B+ (Life-long Therapy)	Optimised DTG based Regimen
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2024, Thembisa 4.7

Antenatal Cascade

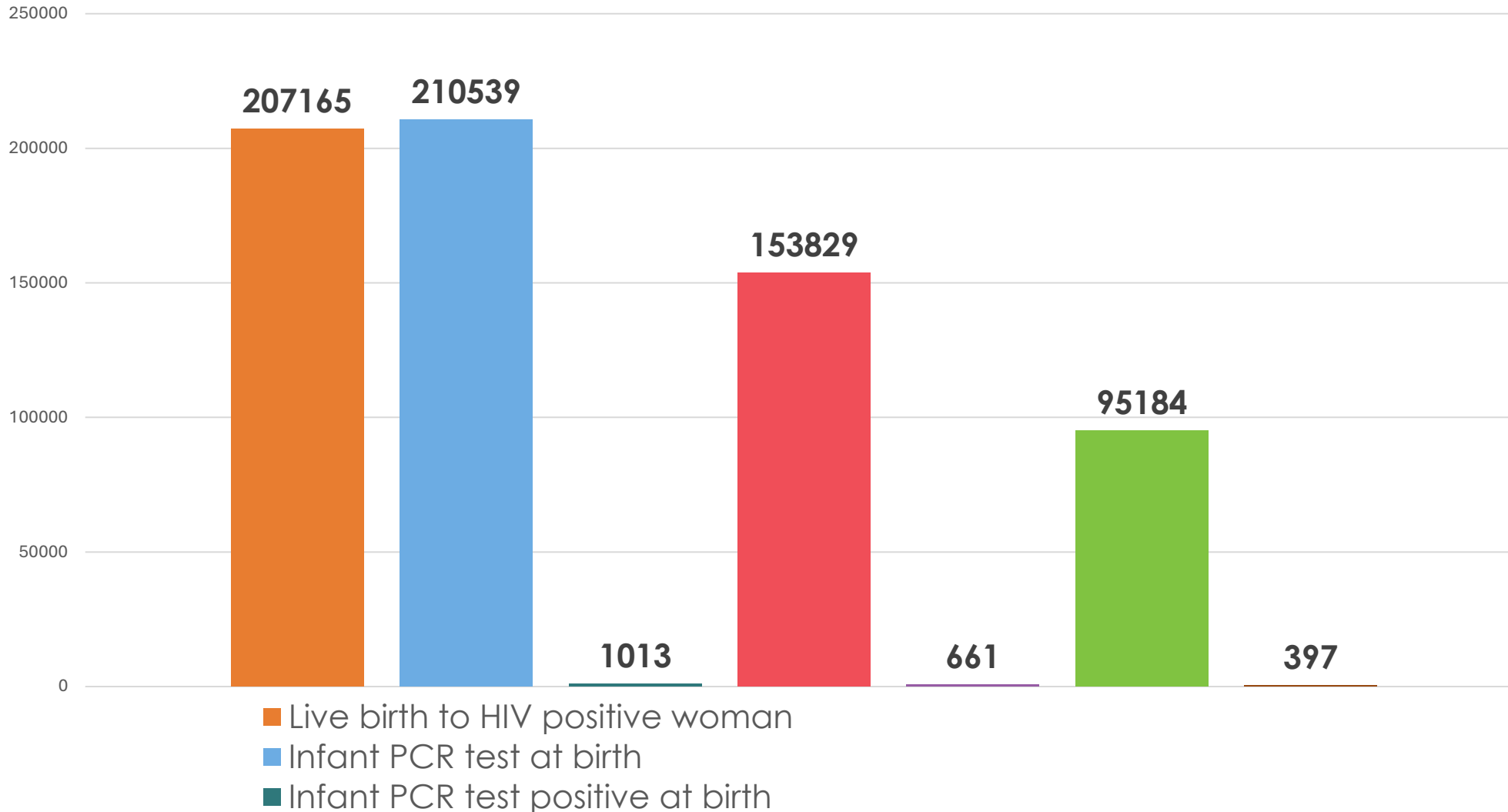


April 2023 - March 2024

- Total ANC 1st test
- Antenatal HIV 1st test
- Antenatal HIV test positive
- Antenatal known HIV positive but NOT on ART at 1st visit
- Total ANC eligible for ART
- Antenatal start on ART

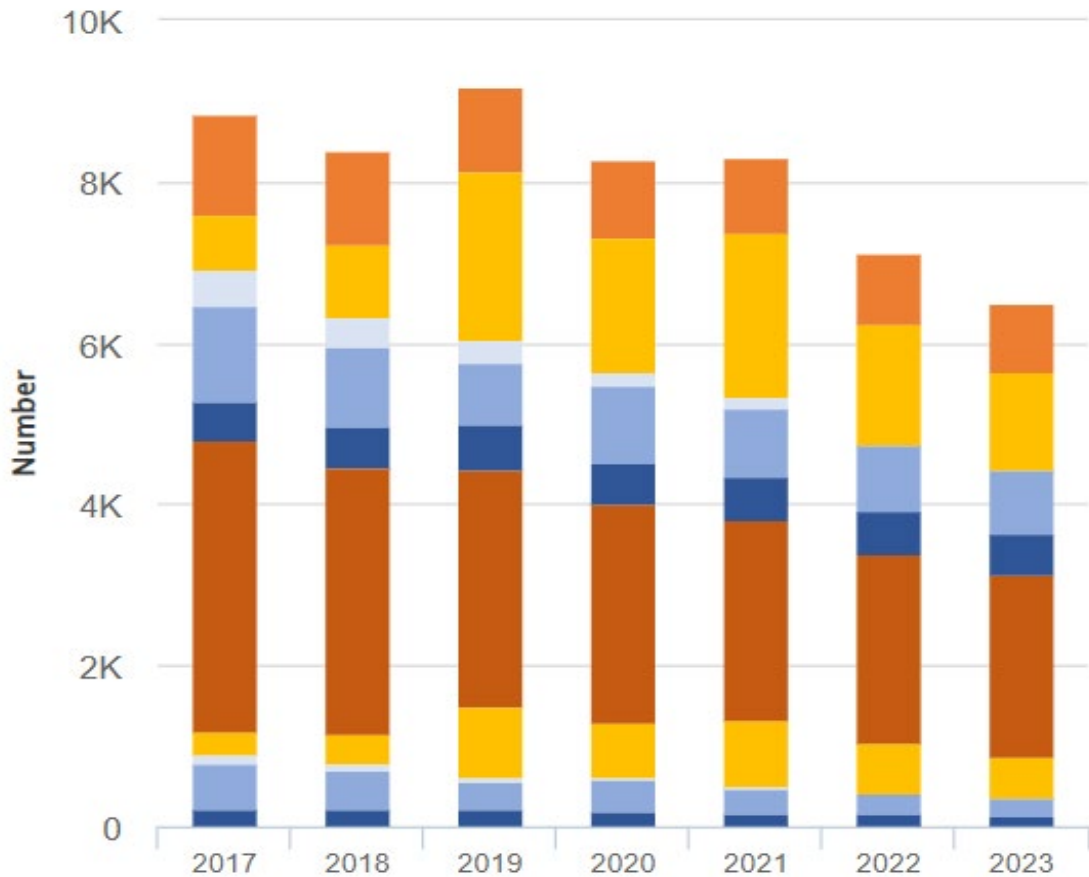
We still missed women who booked for ANC to be initiated on ART

Early Infant Diagnosis Cascade



ART child
under 1
year
naive
start=348

New Child Infections Due to Gaps in Prevention of Vertical Transmission





UNAIDS epidemiological estimates 2024

1 in 3 child infections are due to incident infection during pregnancy or breastfeeding

- Mother infected during pregnancy; child infected during pregnancy
- Did not receive ART during pregnancy; child infected during pregnancy
- Mother dropped off ART during pregnancy; child infected during pregnancy
- Started ART late in pregnancy; child infected during pregnancy
- Started ART during in pregnancy; child infected during pregnancy
- Started ART before the pregnancy; child infected during pregnancy
- Mother infected during breastfeeding; child infected during breastfeeding
- Did not receive ART during breastfeeding; child infected during breastfeeding
- Mother dropped off ART during breastfeeding; child infected during breastfeeding
- Started ART late in pregnancy; child infected during breastfeeding
- Started ART during in pregnancy; child infected during breastfeeding
- Started ART before the pregnancy; child infected during breastfeeding

Strategies for Identifying (Testing) PBFW Living with HIV (Community & Facility)

- Re-testing is done at every BANC visit at 4-week intervals, that is at the following gestational weeks: 20, 26, 30, 34, 38.
- Re-testing is done for all women at delivery.
- After birth: re-testing is done according to schedule below:

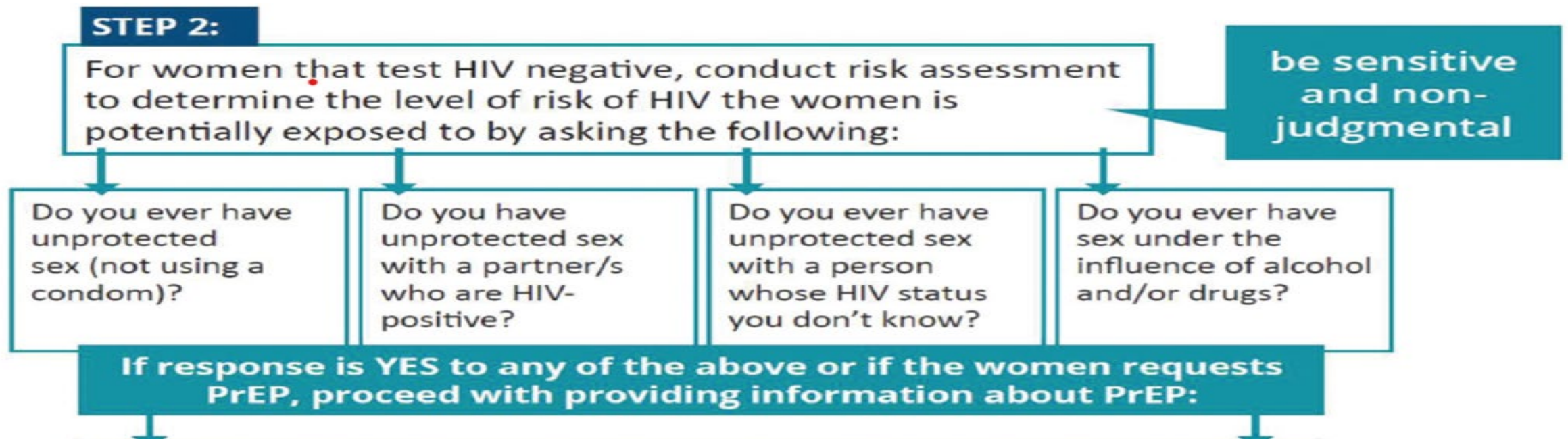
		CARE OF THE MOTHER AFTER BIRTH				
		6 DAYS	6 WEEKS	10 WEEKS	6 MONTHS	18 MONTHS
						
TESTING for HIV 	Retest the HIV-negative mother if she was not retested in labour			Retest every HIV-negative mother at the 10-week visit (~ three months postpartum), the six-month visit , and every three months whilst breastfeeding Remember to offer partner testing. If no longer breastfeeding, ensure that the mother receives an HIV test at least every year. Offer/continue PrEP as needed		

Strategies for Continuity of Antiretroviral Treatment During Pregnancy and Breastfeeding

- HIV services are well integrated into the MCH platform
- Mother-infant appointments are synchronized (first 1000 days).
- All women must have a VL test done at delivery, then repeat maternal VL 6 monthly during breastfeeding.
- Viraemic PBFW (i.e., VL>50 copies/ul) are offered enhanced (**ABCDE**) adherence counselling, repeat VL 4 – 6 weeks until VL is <50 copies/ul. And ensure PBFW are on DTG based regimen
- Postnatal clubs (in some facilities) are in place to provide tailored services post-delivery to mothers.

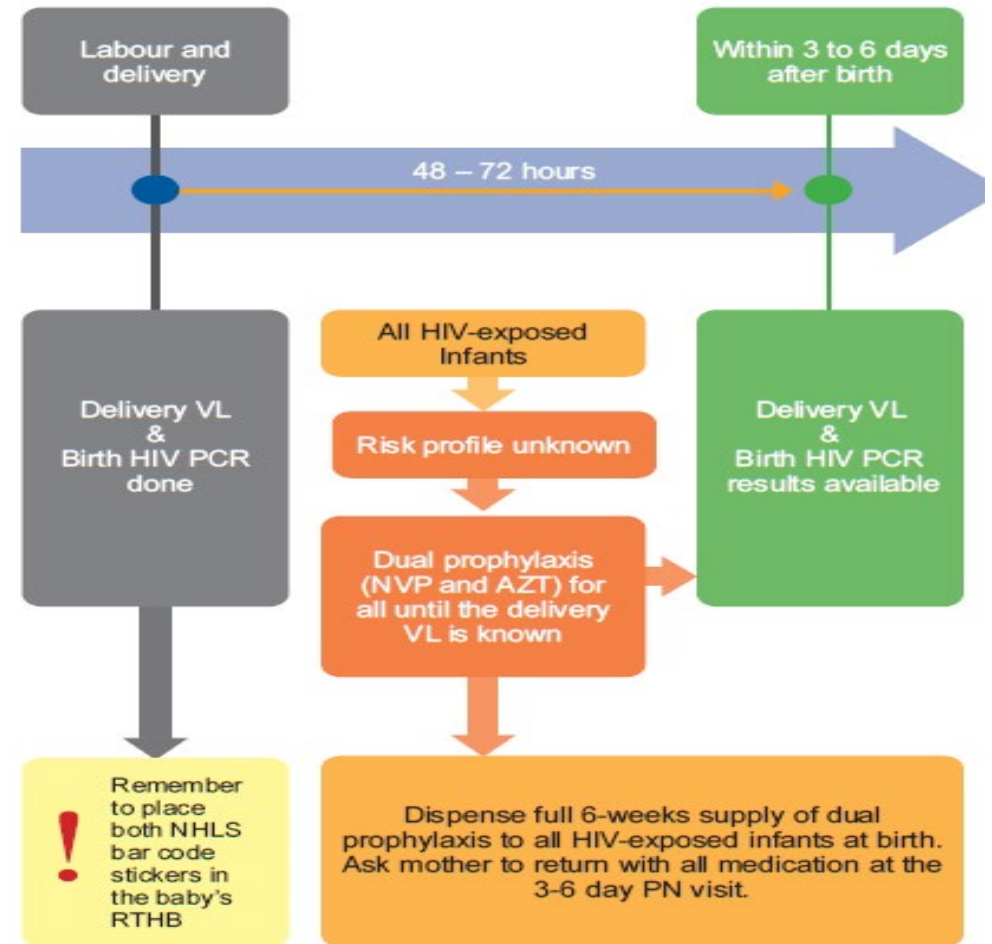
Strategies for Preventing Incident HIV Among Women During Pregnancy and Breastfeeding

- Pre-exposure prophylaxis is provided to PBFW at risk of HIV acquisition
- Visit schedule for Integrated care for breastfeeding mothers taking PrEP (3MMD) and adherence monitoring
- HIV re-test every 3 months
- PrEP pregnancy outcome form



Postnatal Prophylaxis (PNP) for Infants with Perinatal HIV Exposure

- All infants with perinatal HIV exposure: Dual prophylaxis (NVP & AZT) for 6 weeks.
- Infants born to mothers with VL >50 copies/ul or unknown VL at delivery: Dual prophylaxis AZT for 6 weeks and NVP for 12 weeks.
 - *only stop NVP after VL <50 copies/ul
 - ** AZT given for 6 weeks for formula fed infants at high risk



Best Practices on Prevention of Vertical Transmission of HIV, Hepatitis B, and Syphilis

Dual HIV/Syphilis RDT

HBsAg test at 1st ANC visit or at any subsequent visit if missed at 1st visit

Birth testing of all exposed infants sustained 100% coverage over several years

Universal HIV testing of all infants at 18 months of age

Use of results for action for PCR+ results for infants

Key Challenges in Implementation of HIV Vertical Transmission Prevention Programs

Poor electronic gate keeping (eGK) code utilization for maternal viral load monitoring (**C# PMTCT and C# Delivery**)

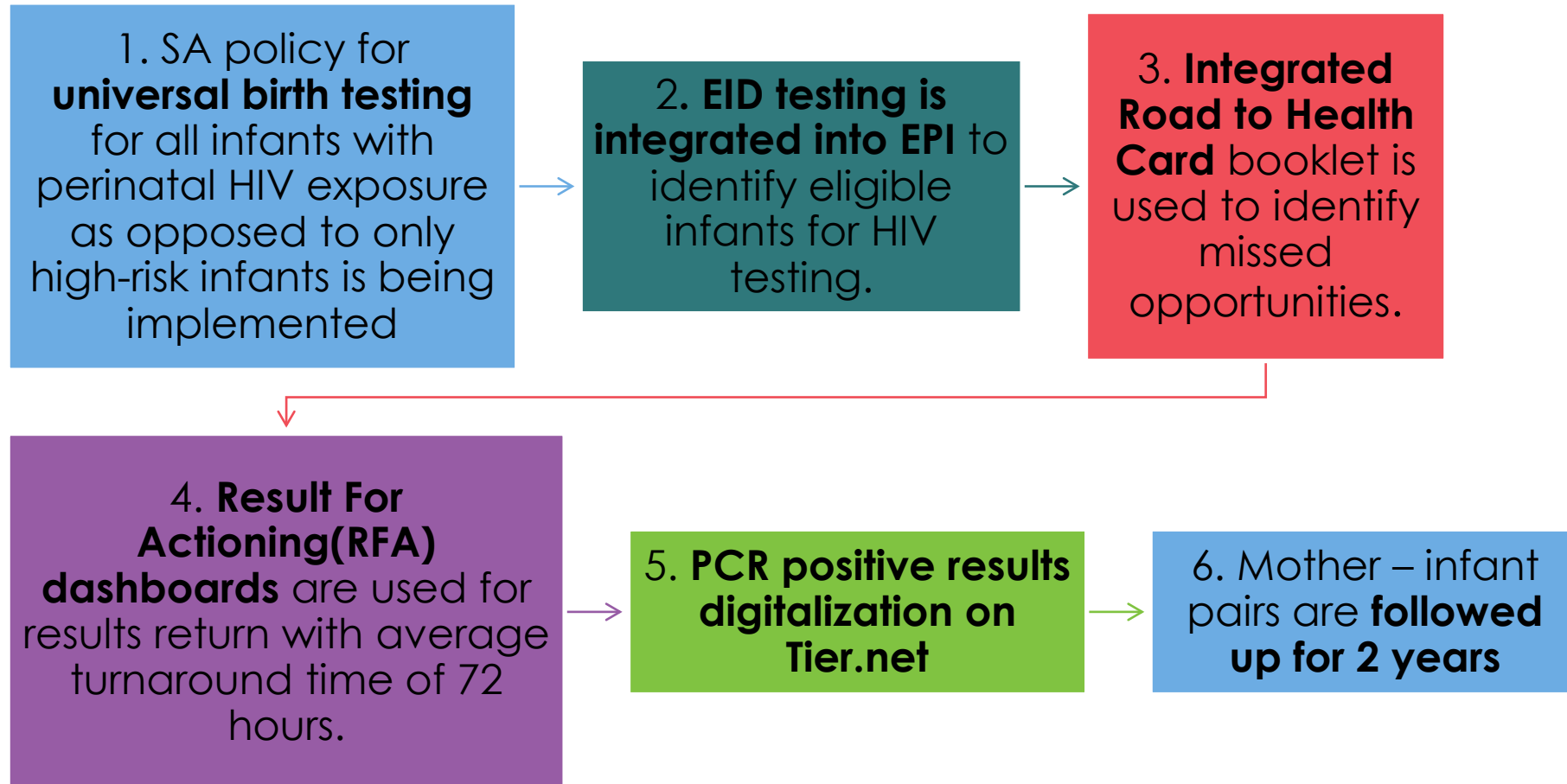
Lack of unique identifier for lab specimen and longitudinal records

Migration of patients

Missed opportunities during EPI, poor integration

Missed opportunities during ANC ART initiation

Early Infant Diagnosis Approach



Early Infant Diagnosis Approach



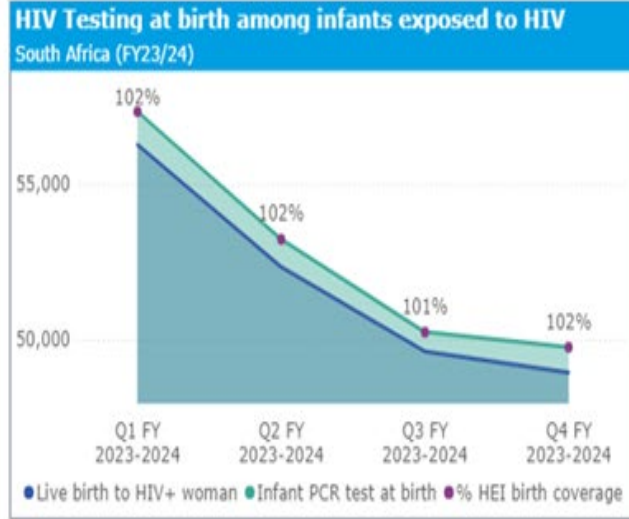
HIV Exposed Infants – Birth HIV PCR Testing

South Africa (FY23/24)

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Early testing and optimized comprehensive, high quality treatment and care for infants, children, and adolescents living with and children exposed to HIV

Live birth to HIV+ woman	Infant PCR test at birth	% HEI birth coverage
207 165	210 539	102%



HIV Testing at birth among infants exposed to HIV

Provincial comparison (FY23/24)

Province	Live birth to HIV+ woman	Infant PCR test at birth	% HEI birth Coverage	Increase/decrease in HIV birth testing coverage from FY22/23
North West	11,685	12,099	104%	↑
Gauteng	43,897	45,105	103%	↑
Limpopo	19,479	19,963	102%	↑
Mpumalanga	20,632	21,144	102%	↑
KwaZulu-Natal	56,287	57,506	102%	↑
Northern Cape	3,508	3,564	102%	↑
Eastern Cape	26,818	27,079	101%	↓
Free State	11,371	11,046	97%	↑
Western Cape	13,488	13,033	97%	↑
South Africa	207,165	210,539	102%	↑

Are all HEI receiving a birth PCR in the labour ward?

HIV PCR testing at birth is generally well done

Priorities for 2025; HIV Vertical Transmission Prevention

1. Path To Elimination(triple) validation
2. Global Alliance for health nerve centre and Provincial Global Alliance roll-out
3. Maternal viral load monitoring through DHIS indicators
4. Advocacy for PrEP initiation for breastfeeding women indicator

Thank You!



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Impact Network *for*
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