

Sustaining HIV Vertical Transmission Prevention in the Face of Threats to Funding for Global Health:

National Strategies for Resilience and Emergency Response

Thursday, 20th February 2025



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Welcome & Introductions

Maureen Syowai

CQUIN Deputy Director, Technical
ICAP in Kenya

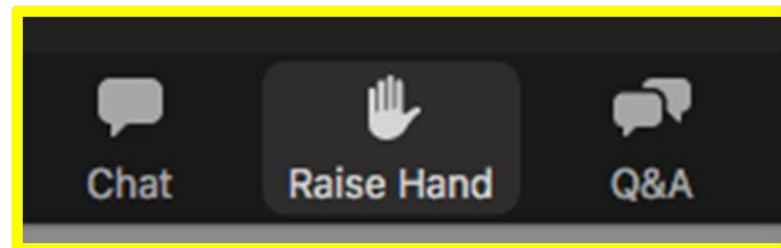


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Housekeeping

- 60-minute webinar with framing 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 (<https://hiveimpactnetwork.com/>)



Agenda

1. **Framing Remarks:** Maureen Syowai, ICAP
2. **Impact of funding threats on VTP - recipient of care (ROC) perspective:**
Nkechi Okoro, NEPHWAN, Nigeria
3. **Country Presentations:**
 - **South Africa:** Program adaptations to sustain service delivery
Kulani Khosa, NDOH, South Africa
 - **Mozambique:** Early Assessment of the challenges posed by funding threats
Maira Marra, MOH, Mozambique
4. **Q&A Session:** Franklin Emerenini, ICAP (Moderator)
 - Nelly Pato, EMTCT Lead, NASCOP Kenya
 - Priscilla Lumano-Mulenga, DSD/PMTCT Lead, MOH Zambia
5. **Closing and Next Steps**



Framing Remarks

Maureen Syowai

CQUIN Deputy Director, Technical
ICAP in Kenya

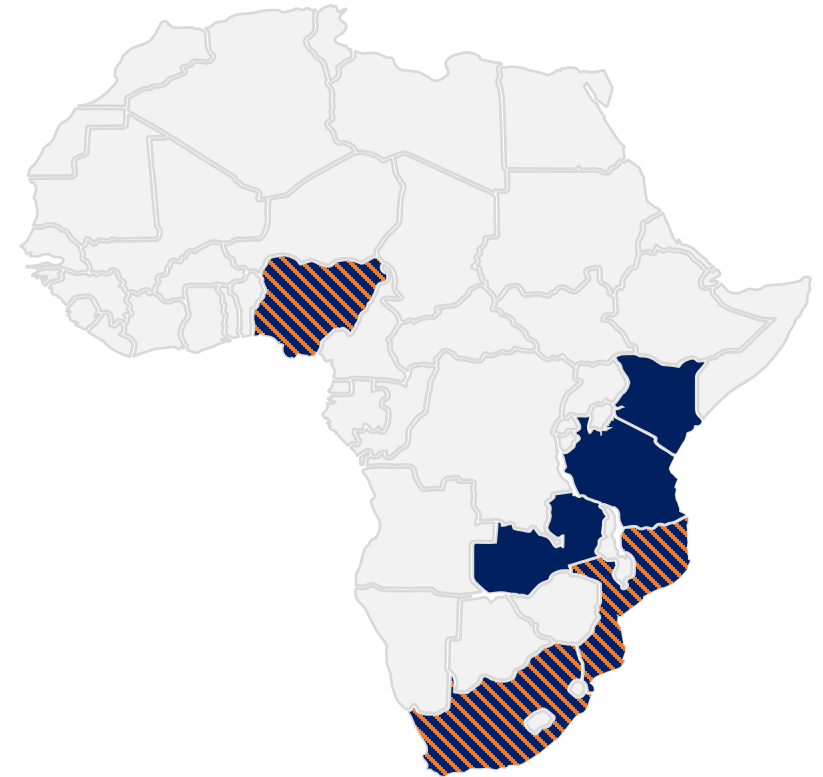


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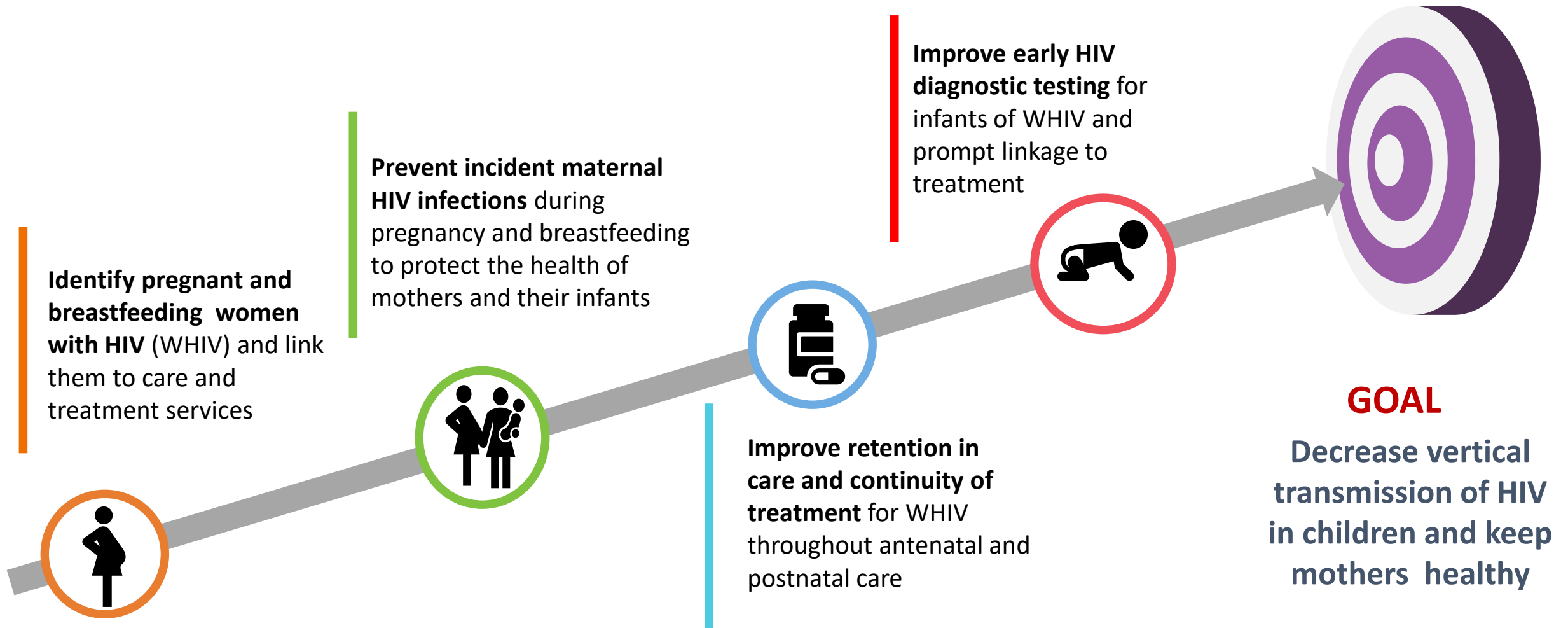
What is HIVE?

- **HIV Impact network for Vertical Transmission Elimination (HIVE)**
- A knowledge exchange platform to catalyze advancement in coverage and quality of impactful services designed to prevent the vertical transmission of HIV
- The network convenes health system leaders from six countries and global stakeholders to participate in joint learning, exchange of best practices, and co-creation of tools and resources to support country priorities
- HIVE provides platforms for experience-sharing and peer-to-peer learning for rapid adoption of best practices and impactful interventions to address gaps
- The network supports collaborative problem-solving, and enables member countries to request technical assistance from ICAP and PATA



ICAP: Kenya, Mozambique, Nigeria, South Africa, Zambia, Tanzania
PATA: Mozambique, Nigeria, South Africa

HIVE Project Goal and Objectives



HIVE Launch Update

- HIVE learning network was **launched in December 2025** in Johannesburg, South Africa.
- The launch event saw participation from Ministries of Health, Donors, Global stakeholders such as WHO, UNICEF, UNAIDS, PEPFAR, Implementing Partners, Academia and recipients of care.
- Countries presented **updates on their vertical transmission programs** - highlighting successes and challenges.
- There was individual self-assessment of the VTP program using the **HIV vertical transmission elimination capability maturity model (VTE CMM)**.



Back to the Basics: Preventing New Pediatric HIV Infections and Keeping Mothers Healthy

HIVE Launch Meeting | December 4-6, 2024
Johannesburg, South Africa



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HIV VTE CMM Baseline Results 2024

What is the maturity level of VTP among member countries?

Least Matured Domains

- PrEP for PBFW
- VL monitoring among PBFW
- M&E Systems
- Testing coverage
- EID
- Data Quality

Domains	HIVE member countries						Stacking by maturity					
	KEN	MOZ	NIG	SA	TZ	ZAM	1	2	3	4	5	6
dHTS Policy: ANC Period	Dark Green	Red	Red	Red	Red	Dark Green	Red	Red	Red	Red	Dark Green	Dark Green
dHTS Policy: L&D	Light Green	Dark Green	Dark Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Dark Green	Dark Green
dHTS Policy: PN/BF period	Light Green	Dark Green	Dark Green	Orange	Light Green	Dark Green	Orange	Light Green	Light Green	Dark Green	Dark Green	Dark Green
dHTS Policy: Infants	Yellow	Red	Yellow	Orange	Light Green	Light Green	Red	Orange	Yellow	Yellow	Light Green	Light Green
PrEP for PBFW	Red	Orange	Red	Red	Red	Yellow	Red	Red	Red	Red	Orange	Yellow
Postnatal Prophylaxis	Red	Yellow	Dark Green	Red	Light Green	Yellow	Red	Red	Yellow	Yellow	Light Green	Dark Green
Differentiated ART	Yellow	Red	Light Green	Red	Red	Red	Red	Red	Red	Red	Yellow	Light Green
VL Monitoring: PBFW	Yellow	Yellow	Yellow	Red	Red	Yellow	Red	Red	Yellow	Yellow	Yellow	Yellow
Operational Guidance	Dark Green	Dark Green	Dark Green	Light Green	Red	Red	Red	Red	Light Green	Dark Green	Dark Green	Dark Green
Scale-Up Plan	Light Green	Red	Red	Yellow	Yellow	Red	Red	Red	Red	Yellow	Yellow	Light Green
Coordination	Orange	Dark Green	Red	Dark Green	Dark Green	Red	Red	Red	Orange	Dark Green	Dark Green	Dark Green
Community Engagement	Yellow	Red	Yellow	Red	Dark Green	Red	Red	Red	Red	Yellow	Yellow	Dark Green
Training	Dark Green	Dark Green	Yellow	Dark Green	Dark Green	Red	Red	Yellow	Dark Green	Dark Green	Dark Green	Dark Green
Procurement	Light Green	Dark Green	Red	Dark Green	Dark Green	Red	Red	Red	Light Green	Dark Green	Dark Green	Dark Green
M&E System	Yellow	Yellow	Yellow	Orange	Yellow	Yellow	Orange	Yellow	Yellow	Yellow	Yellow	Yellow
Facility Coverage: Testing	Orange	Dark Green	Orange	Red	Orange	Red	Red	Red	Orange	Orange	Orange	Dark Green
Testing Coverage	Orange	Red	Orange	Red	Orange	Orange	Red	Red	Orange	Orange	Orange	Orange
Linkage to ART	Light Green	Red	Yellow	Red	Light Green	Dark Green	Red	Red	Yellow	Light Green	Light Green	Dark Green
ART Coverage	Light Green	Orange	Orange	Red	Dark Green	Orange	Red	Orange	Orange	Orange	Light Green	Dark Green
Continuity of ART	Yellow	Red	Orange	Red	Yellow	Orange	Red	Red	Orange	Orange	Yellow	Yellow
EID	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Service Quality	Dark Green	Orange	Orange	Orange	Dark Green	Orange	Orange	Orange	Orange	Orange	Dark Green	Dark Green
Data Quality	Yellow	Yellow	Yellow	Red	Yellow	Red	Red	Red	Yellow	Yellow	Yellow	Yellow
Impact	Light Green	Light Green	Red	Red	Light Green	Red	Red	Red	Red	Light Green	Light Green	Light Green
Neonatal Syphilis	Orange	Dark Green	Orange	Light Green	Dark Green	Dark Green	Orange	Orange	Orange	Light Green	Dark Green	Dark Green
Neonatal Hepatitis	Orange	Red	Red	Yellow	Red	Yellow	Red	Red	Red	Orange	Yellow	Yellow

HIVE Multi-country Priority Activities for 2025- Based on country stage and learning request

1) Webinars:

- Preventing incident HIV infections among PBFW focusing on PrEP
- M&E of vertical transmission prevention
- Community-based approaches to vertical transmission prevention
- Improving retention in care and continuity of treatment for PBFW and their infants through DSD models

2) Communities of Practice

- HIV Prevention Services for Pregnant and Breastfeeding Women
- Monitoring & Evaluation (M&E) Systems
- Community-based VTP for PBFW

3) Country-to-country exchange visits

- 4 countries indicated interest to learn about longitudinal tracking of Mother-Infant pairs
- 2 countries are interested in learning more about PrEP

4) Technical Assistance

- M&E focused technical assistance

Safeguarding VTP Program Gains in the Face of Funding Uncertainties

Due to the current uncertainties in donor funding that may affect the VTP program in HIVE-member countries, this webinar aims to address the following objectives:

1. Understand the impact of funding uncertainties on vertical transmission prevention efforts.
2. Learn from national strategies how to sustain HIV programming despite financial constraints.
3. Identify actionable steps to enhance resilience in their own programs

Thank you.



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Moderators



**Franklin Chime
Emerenini**
Deputy Director,
HIVE
ICAP in Nigeria



Maureen Syowai
CQUIN Deputy
Director, Technical
ICAP in Kenya

Presenters



Nkechi Okoro
Monitoring &
Evaluation Manager
NEPWHAN, Nigeria



Kulani Khosa
Vertical Transmission
Prevention Program
Manager
NDOH, South Africa



Maira Chanase
PMTCT Unit
MOH,
Mozambique



The Impact of funding threats on VTP: recipient of care (ROC) perspective

Nkechi Okoro

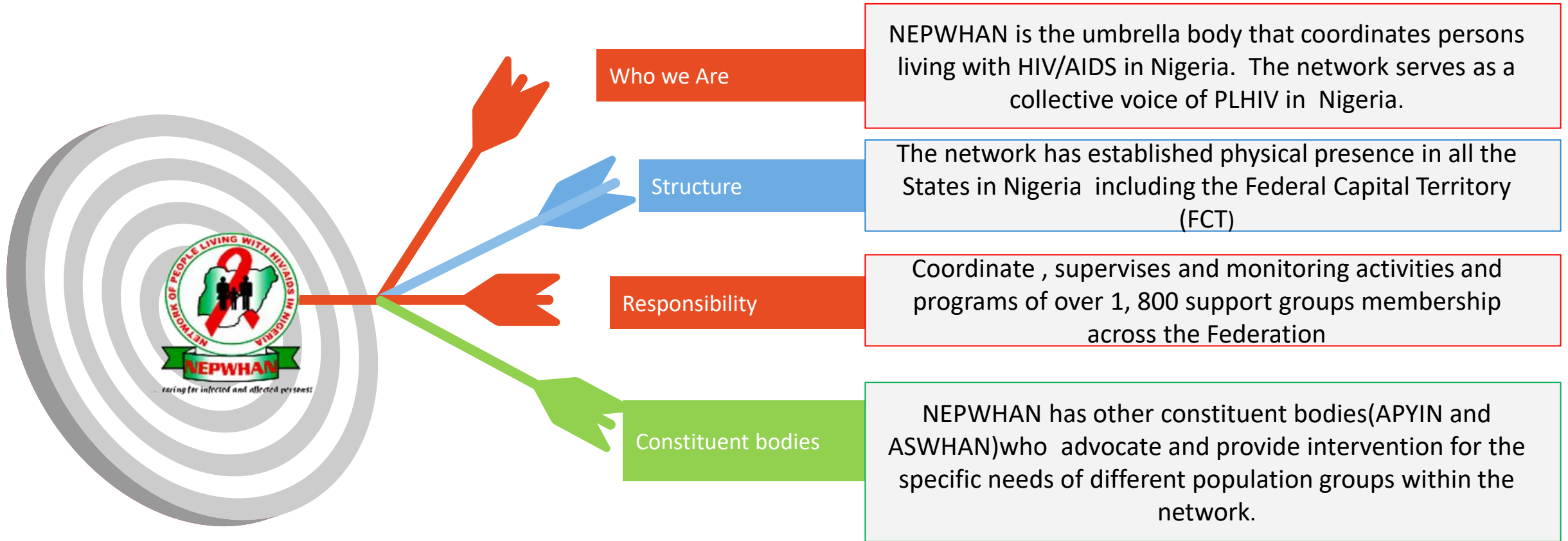
Monitoring & Evaluation Manager, National Network of People Living with HIV/AIDS, Nigeria



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About NEPWHAN



About NEPWHAN



❑ **TCS** activities in 4 States (Anambra, Ebonyi, Gombe and Kwara States)

❑ **HTS for Presumed Pregnant Women** in Unconventional Settings in 36+1 States

❑ **Community AGYW** activities in 2 States (Ebonyi and Kwara)

❑ **Gender and Human Rights** activities in 36+1 States

❑ **CLM** in 13 State

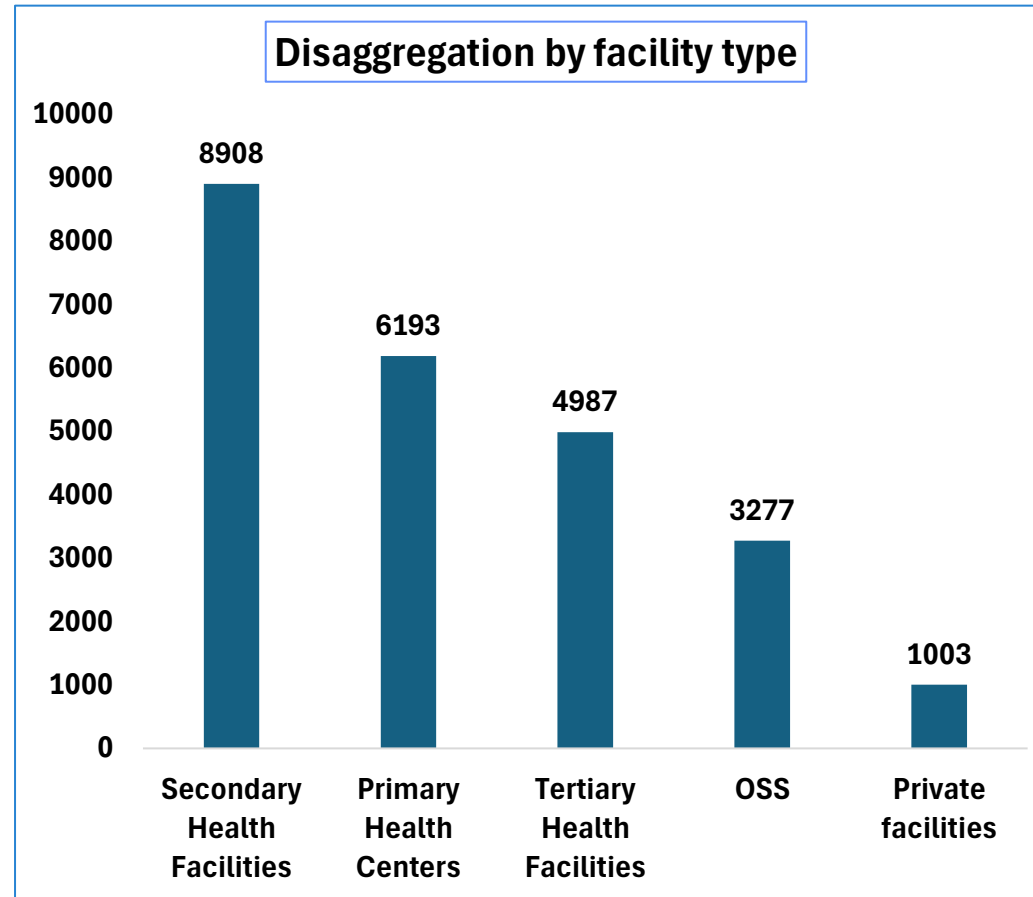
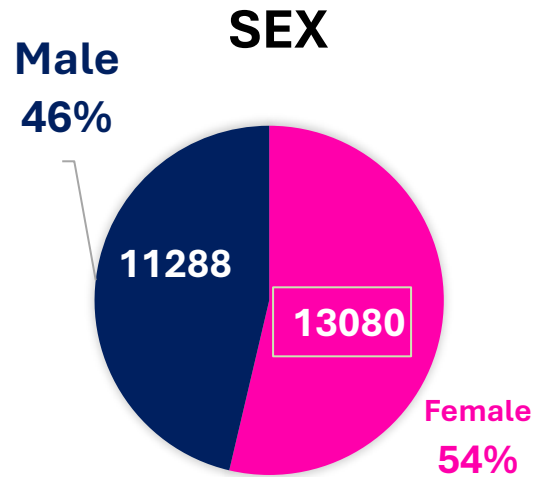
NOTE: PMTCT program runs in all the 36 + 1 State.

Impacts of Funding Threats to NEPHWAN Programs

- The network is mostly implementing projects supported by Global Fund
- So, the impact of funding threat on these projects are low as the projects are currently uninterrupted.
 - The ongoing project focus on vertical transmission prevention, CLM, gender and human rights - which are currently ongoing.
- However, the future of NEPWHAN's intervention on Patient Education and Empowerment is not clear as this project is funded by PEPFAR.
- Effect of funding threat on members of the network is high as many NEPWHAN members working on PEPFAR funded projects have been affected by the stop work order.
- Currently, 108 gender and human right (GHR) service providers who supports NEPWHAN across various PEPFAR supported projects, with Mental health services, legal services and safe housing for survivors are currently affected.

HIV Service Disruption Rapid Workforce Mapping

Total submission
24,368



- ❑ **24,368** workers suspended or disengaged completely
- ❑ **54%** of workers affected are female
- ❑ The secondary and primary health centers were the most affected

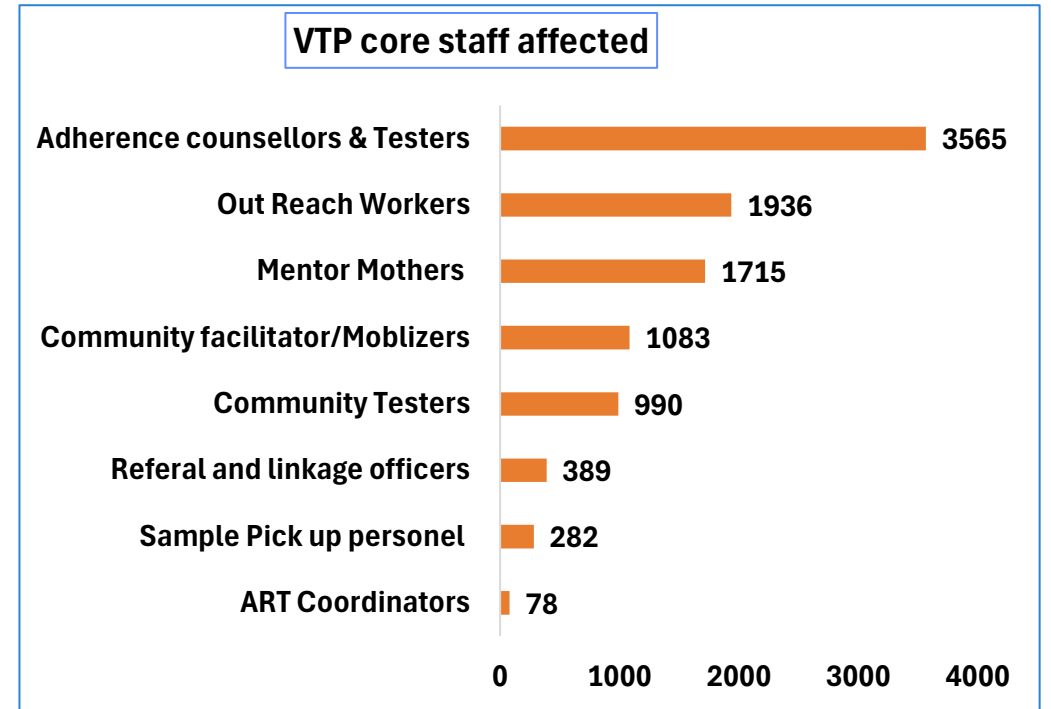
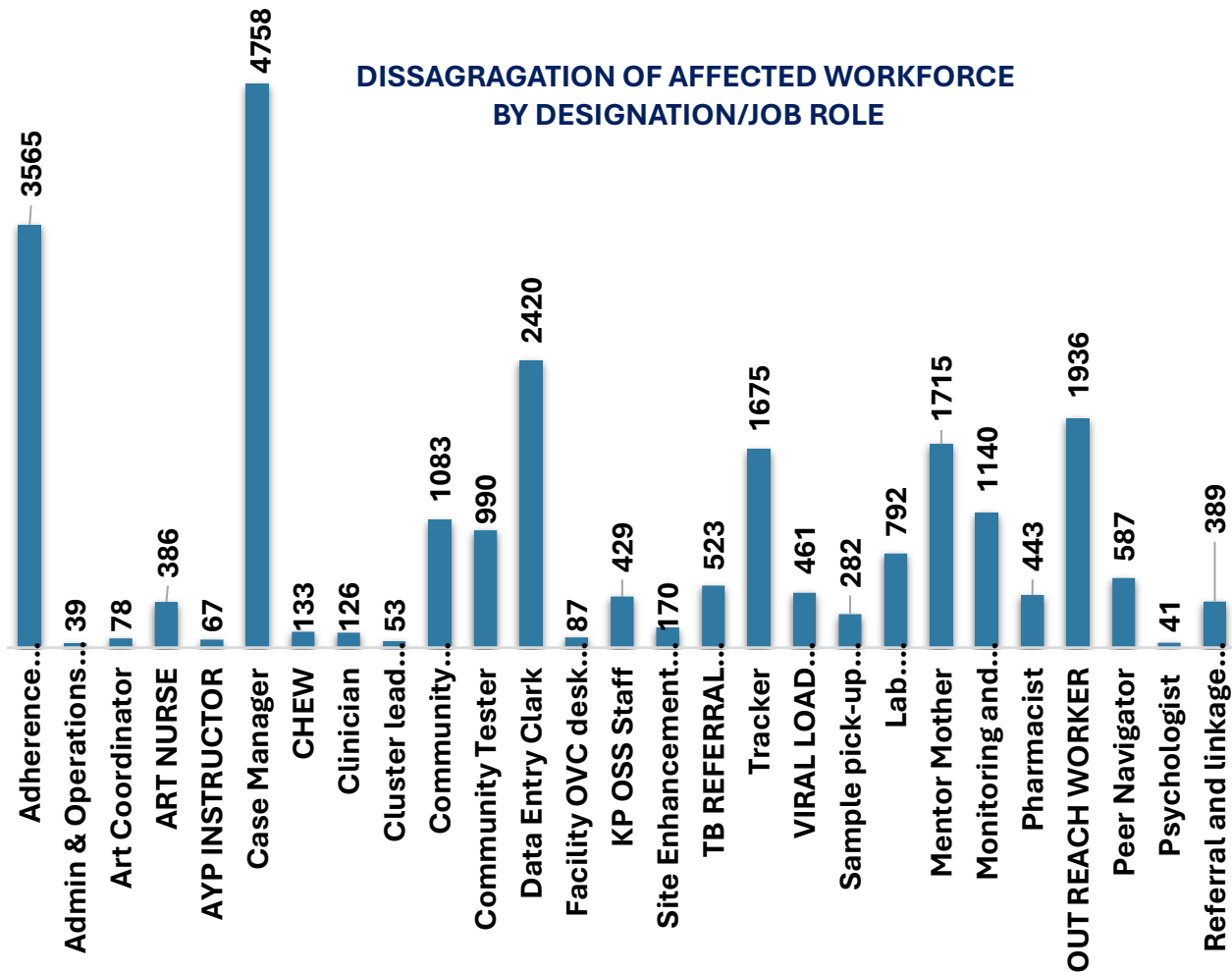


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Disaggregation of Affected Workforce by Designation/Job Role

- Adherence counsellors, outreach workers and mentor mothers are most impacted VTP core staff
- Overall Case managers are the most affected



Impact of Funding Threats on Vertical Transmission Prevention – ROC Perspective

The impact of funding threat on vertical transmission prevention program cuts across the different cascades of VTP as follows:

- ANC Attendance and HIV Testing
- Enrollment in ART Services
- Safe Delivery and Intrapartum Care
- Postpartum and Infant Follow-up

Impact of Funding Threats on Vertical Transmission Prevention – ROC Perspective

ANC Attendance and HIV Testing:

- Testing of Pregnant women in the community has been reduced/halted due to reduced workforce - mainly availability of community testers and mentor mothers.
- Peer to peer posttest counseling which helps to reduce the anxiety associated with a positive HIV test result has been hindered due to withdrawal/downsizing of mentor mothers who provide these services.
- The current situation could also affect testing coverage for positive pregnant women when we compare testing coverage before and now.

Impact of Funding Threats on Vertical Transmission Prevention – ROC Perspective

Enrollment/linkage and retention in ART Services during ANC

- There is adverse impact on linkage of pregnant women with HIV to ART especially those diagnosed in the community
- Pregnant women already on ART care who receive adherence support from the mentor mothers are interrupting treatment
- Care, support and adherence counselling for breastfeeding mothers to ensure optimal ART adherence is currently compromised.
- Although NEPWHAN members still volunteer as individuals, there is great concern that adherence is compromised which would lead to higher rate of viremia among PBFW and consequently vertical transmission of HIV to babies at the long run - so already made gains in VT could be lost.
- Major impact on care, support and adherence counselling for Breastfeeding mothers, as facility mentor mothers who are providing mentorship and support to new mothers are also affected by the disruption.

Impact of Funding Threats on Vertical Transmission Prevention – ROC Perspective

Postnatal Prophylaxis

- Community delivery of postnatal prophylaxis to infants perinatally exposed to HIV has been interrupted. Though some mentor mothers still assist at their personal cost.

Postpartum and Infant Follow-up

- There is severe disruption on early infant diagnosis (EID) sample collection at peripheral hospitals is markedly reduced.
- Logistics for EID sample movement has been disrupted leading to high pooling of samples at hubs
 - Some states are reporting large number of EID and viral load samples pooled at hub sites awaiting transfer to reference laboratories.
- Delays in 6 weeks and subsequent follow up of infants perinatally exposed to HIV at 6 weeks.

Impact of Funding Threats on Vertical Transmission Prevention – ROC Perspective

Commodities availability ART/PrEP.

- Availability is moderately affected however, there is scale down on multi-month dispensing due to uncertainty

Waiting times

- This is moderately affected.

Counseling and psychosocial support

- There is withdrawal of 3565 adherence counsellors and testers. So, counseling is moderately affected.

Next steps

- Effort is on by NEPWHAN to redistribute available mentor mothers on NEPWHAN's PMTCT project from the community to cover the gap in facility PMTCT.
- There is also an ongoing validation of the database of affected workforce across the country. This will help to keep identifying where there are needs.

Thank you.



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Program Adaptations to Sustain Service Delivery: A Case Study from South Africa

Kulani Khosa

Vertical Transmission Prevention Program Manager
National Department of Health, South Africa

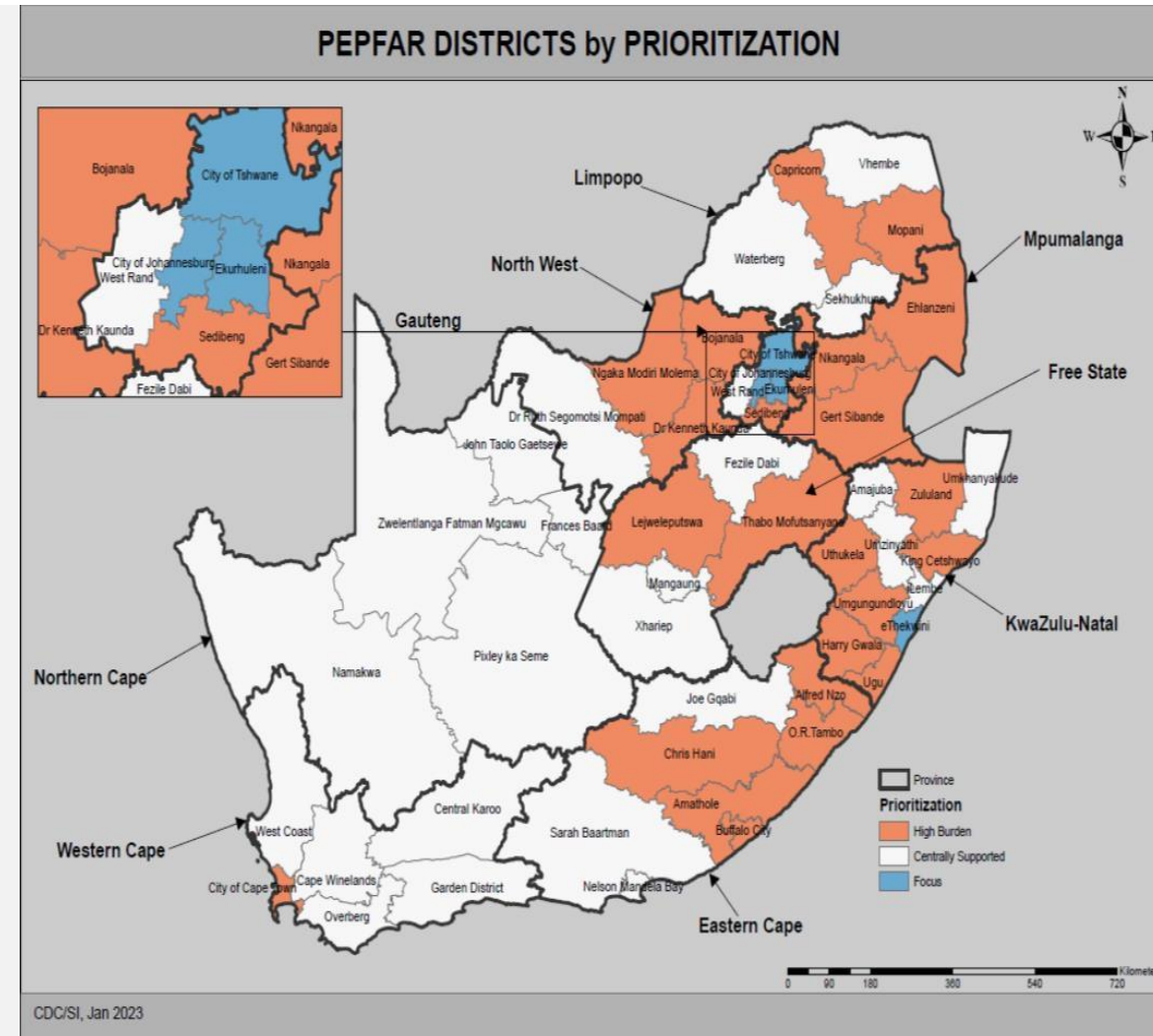


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Current Performance Status

- South Africa is at **96-79-94** for the total population serviced through the Public & Private sector.
- Cascade for children < 15 years is **87-79-72 with a treatment gap of 32,382**
- HIV prevalence in ANC **27.5%** (2022 survey)
- ANC 1st visit booking **631 885** pregnant women
- ANC clients already on ART at 1st visit **104 331 (79.9%)**
- ANC ART start is at **28 102**
- Infants perinatally exposed to HIV at birth is around **140 950**
(DHIS April – Dec 2024)
- 9 provinces are divided into 52 Health Districts
– **PEPFAR supports 27 HIV and AIDS high burden Districts across 8 Provinces**

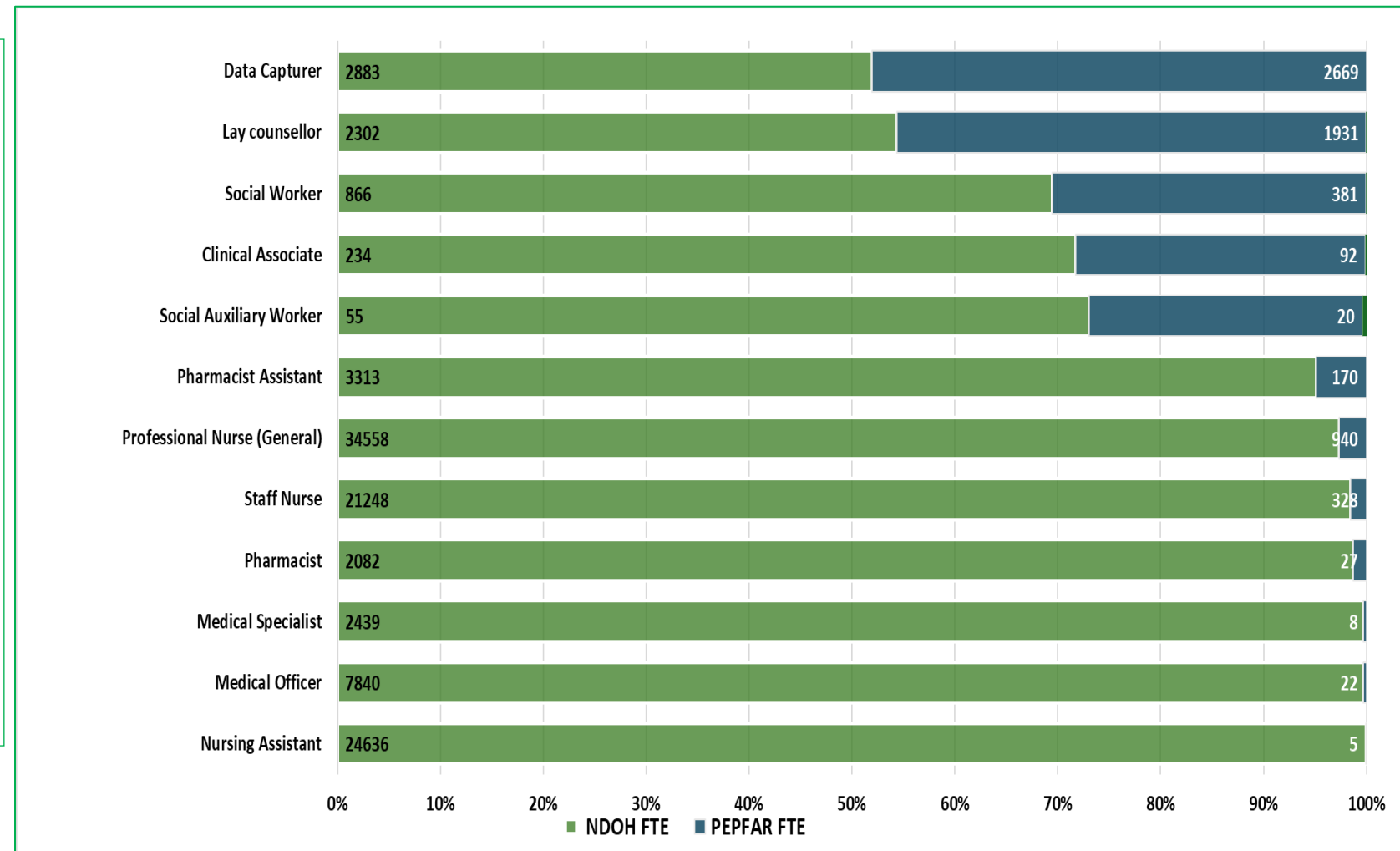


HIV Funding Source and HRH engagement source

Breakdown of HIV funding sources

- Public and Private sectors: **76%**
 - SA Government = **74%**
 - Private Sector = **2%**
- Donor funding = **24%**
 - PEPFAR @ **17%**
 - Global Fund @ **7%**

Source: HRIS-HRID Data Set March 31, 2024



Direct Impact on VTP programme

VTP and other related HIV services are continuously rendered in the country, including the 27 PEPFAR supported districts

No stockouts of commodities reported as this is covered by the South African Government.

All facilities provide HTS, ART treatment services to pregnant and breastfeeding women and their infants as ANC clients are comprehensively managed at the MCWH unit by clinicians who are trained on VTP and Maternal care.

The blood specimen are collected, however return of analyzed maternal VL, EID results are delayed, but it could be accessed on NHLS website

The BANC visits are the model used by the country as a DSD model, meaning all pregnant women in the country are aware that they need to attend facility based antenatal care through the ACSM activities available at local level.

Current processes underway to mitigate funding challenges

1. The Ministry of Health is engaging with the National Treasury to solicit the resources to cover the identified workforce gap because of stop-work order
2. Further engagements are underway with the executive leadership with other potential donors and private institutions – the Minister of Health is leading the engagements.
3. There is an open letter from South African HIV and TB Implementing Partners to South African Corporations, Private Sector Donors and High Net Worth Individuals to encourage financial support for ongoing projects
4. The National Department of Health convened urgent meeting to assist the provinces in developing contingency plans and progress of implementation is monitored weekly.
5. The Director General for Health issued the guidance on the provision of uninterrupted HIV services in all facilities

What is required?

National Department of Health

- Development of a National TWG to strategize how programs can continue in the current climate and specially focus on mobilizing funding internally to support National TWGs that were currently launched by NDOH (the Nerve Centre for Prevention, Global Alliance for health and Treatment) structures
- Clear assessment of the effect of the current threats to the HIV program

SANAC

- Protocols and guidance on how to engage with the private sector
- Coordination on a response to private funding opportunities by pooling funds and supporting identified and verified programs

Despite the fiscal challenges, the department has identified R1.5 billion in the current fiscal year for possible reprioritization to meet the emerging challenge.



health

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Health
REPUBLIC OF SOUTH AFRICA



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Potential Way Forward



Implementing partners should review and rapidly align their workplans to the latest PEPFAR guidance to ensure programme continuity.



Strengthen diplomatic efforts to engage PEPFAR and other global health stakeholders to mitigate funding impacts. *(Some global efforts are already paying off through waivers and TROs – but local efforts should be aligned as well.)*



Advocate for greater donor flexibility to support decentralized, community-led service delivery models to increase direct funding to community-based organizations (CBOs) and civil society for service continuity in high-burden populations.



health

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Potential Way Forward cont....

South Africa is considering reducing significant reliance on US federal funding by diversifying its funding sources

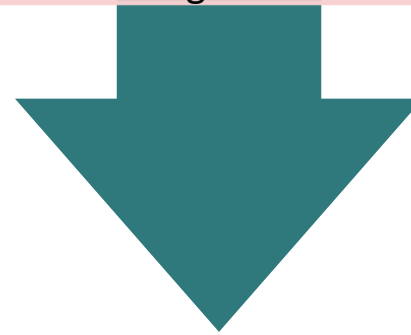
Strengthen domestic financing mechanisms, including increased government budget allocations and National Health Insurance (NHI) integration.

Explore funding from non-US foreign aid, philanthropy, and the private sector to fill funding gaps.

Strengthen partnerships with the African Union (AU), SADC, BRICS, the Global Fund, and the European Union to reduce dependency on a single funding stream.

Establish bilateral agreements with emerging economies, including China and India, to support local health system strengthening.

Invest in local pharmaceutical manufacturing to ensure sustainable access to ARVs, test kits, and other essential HIV-related commodities.



Continue engagement with global HIV financing mechanisms to advocate for sustained commitments towards achieving AIDS-free generation goals by 2030.

Conclusion

- The current environment is uncertain and volatile.
- There is no disruption for key components of VTP services with regards to procurement, supply chain, logistics, and stock management
- The department needs to develop the resilience and capacity to self sustain to safe-guard the health of the people for South Africa
- Our political commitment towards South Africans remains steadfast.
- The country through SANAC has develop the sustainability framework for 2023 – 2028 as the means to self-sustain our HIV, TB and STIs programs. However, the success relies on resource mobilization.
- Further investments are required in the short-term to meet our obligation to mitigate the elimination of the HIV epidemic as the public health threat by 2030 and beyond.

Thank you.



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Emergency Response Planning, Donor Transition Strategies, and Mitigating Service Disruptions: Mozambique

Maira Chanase

PMTCT Unit

Ministry of Health, Mozambique



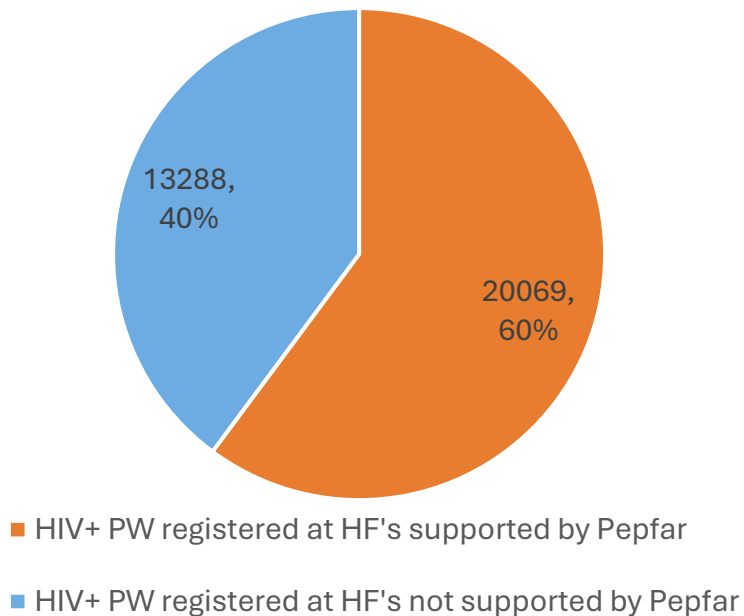
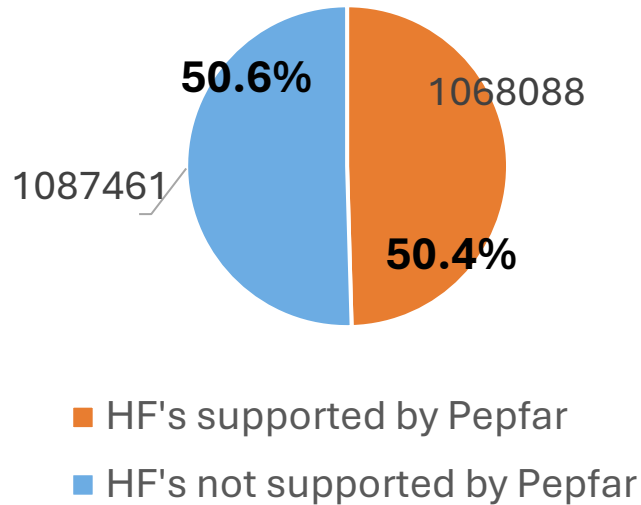
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Content

- Country overview
- Key components of the vertical transmission prevention program supported by PEPFAR
- Key components of the vertical transmission prevention program area affected by the PEPFAR stop-work order
- Impact of Stop work order on vertical transmission prevention program
- Local response
- Resumption of activities
- Next steps

Country overview



Mozambique	2023	2024
Number of Pregnant Women HIV+	125,298	121,185
New Infections in Children from VT	12,200	10,344
Vertical Transmission Rate	10%	9%
New infections averted in Children with VTP	24,608	25,090
Deaths averted in children with VTP	15,641	15,540
* Pregnant women who know their HIV status	99.9%	99.9%
* Pregnant women with know positive HIV status	6%	5%
* Routine data		

PEPFAR supported health facilities - 649 (36%)
Non PEPFAR supported health facilities - 1136 (64%)

Although the health facilities supported by PEPFAR represent only 36% of the total, they handle an equivalent volume of first prenatal consultations in the country and account for 60% of pregnant women diagnosed with HIV during their first antenatal consultation

Vertical transmission program (VTP) area supported by PEPFAR and impact of fund freeze

Service Area supported by PEPFAR

- **Human Resources** -MCH nurses, counsellors and mentor mothers
- **PSS** -Strengthening adherence, reminder, preventive and reintegration calls and home visits
- **Prevention** - PrEP, Condoms
- **Support for orphans and vulnerable children**
- **HTS** - PW and partners testing, BFW retesting and index case contacts testing
- **Laboratory** - CD4, Viral Load, PCR
- **Pharmacy** -ART and prophylaxis for P&BFW, Prophylaxis for newborns, Prophylactic treatment with cotrimoxazole and isoniazid
- **M&E**
- **Others** - Trainings - Meetings, Supervisions

Service areas affected by fund freeze

Severely affected – Human resources, PSS, support for orphans and vulnerable children, laboratory, M&E and trainings and supervision

Moderately affected – Prevention, HTS for PBFW

Mildly affected – Pharmacy and supply chain.

Impact of stop work order on VTP *Human Resources*

Nurses

- **Activities:** Offer the full MCH/VTP package
- **Number suspended:** 393

Lay counsellors

- **Activities:** Lectures, HTS, Psychosocial support, Demand creation for PrEP, Reminder and reintegration calls, File management
- **Number suspended:** 1461

Mentor mothers

- **Activities:** Lectures, reminder and preventive visits, reintegration visits, individual sessions on HF, support in reminder calls, and organizing the archive.
- **Number suspended:** 2033

Increased waiting time

Work overload

Impact of stop work order on VTP *HTS, Prevention and PSS*



Impact of stop work order on VTP *Laboratory*

- Interruption of routine sample transport
 - ❑ Many health facilities stopped collecting samples (CD4, Viral Load, PCR), while others collected them but later discarded them due to a lack of transport.
- Data entry and result printing in electronic laboratory systems (DISA-LINK and DISA-POC) were interrupted due to:
 - ❑ The absence of technicians financed by implementing partners.
 - ❑ The removal of computers provided by implementing partners from laboratories.
- As a result, there is an increase in the turnaround time for PCR and Viral Load results.

Impact of stop work order on VTP

Other

M&E

- Interruption of Data Entry in the Electronic System (OpenMRS) due to:
 - Most data clerks are supported hired by implementing partners.
 - The removal of computers from the typing sector in some provinces
 - The electronic data system was switched off in some provinces.
- However, the **monthly summaries of the VTP area were not affected**, as they are completed manually and entered into the Health Information and Monitoring & Evaluation System (SISMA) by district focal points, who have the necessary equipment provided by the Ministry of Health.

Training, Meetings, and Supervisions

- Postponement of:
 - Training sessions on the updated PMTCT package in nine provinces.
 - PMTCT and MCH meetings in three provinces.
 - Supervision and technical support visits in seven provinces.

Local response

- Sample Transport
 - Use of government vehicles at the district and provincial levels to manage sample transportation.
 - Support from other organizations to transport samples.

Resumption of activities

Currently:

- Clinical activities and data entry in electronic systems (laboratory and clinical) have resumed in the 7 Provinces of the country supported by the CDC.
- The 4 provinces that were supported by USAID continue to have restrictions, but support has resumed in the laboratory area (sample project).
- Sample transport has resumed, with a reduction in the number of visits and the exclusion of some health facilities from the routes.
- Some activities that were exclusively supported by USAID at national level, such as support for Orphan and Vulnerable Children, have not yet resumed.

Next steps

- Develop a plan for the operation of the four provinces that remain without support for the clinical and M&E components (human resources, registration tools, and data entry).
- Explore alternative solutions for sample transport, including adjusted routes and local partnerships to maintain the flow of diagnoses and case follow-up.
- Formulate a plan to guide provinces on how activities should proceed in the event of restrictions on external support.

Thank you.



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Q&A Discussion



Moderator
Franklin Chime Emerenini
Deputy Director, HIVE ICAP in Nigeria



Nkechi Okoro
Monitoring & Evaluation Manager
NEPHWAN, Nigeria



Kulani Khosa
Vertical Transmission Prevention Program Manager
NDOH, South Africa



Maira Chanase
PMTCT Lead
MOH, Mozambique



Priscilla Lumano-Mulenga
PMTCT Lead
MOH, Zambia



Nelly Pato
EMTCT Lead
MOH, Kenya

Slides & recordings from this session are available on the HIV Vertical Transmission Elimination Network (HIVE) Website

<https://hiveimpactnetwork.com/>

The next webinar will be held on Thursday, 20th March 2025



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