

Sustaining Vertical Transmission Prevention (VTP) Services for Pregnant and Breastfeeding Women and Their Infants Amid Threats to Global Health

Country Adaptations

Thursday, 27th March 2025



HIV
Impact Network for
Vertical Transmission
Elimination





Welcome & Introductions

Maureen Syowai

CQUIN Deputy Director, Technical
ICAP in Kenya

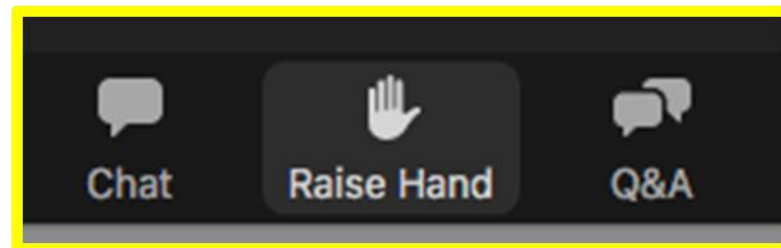


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Housekeeping

- 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. Welcome and Introductions

Maureen Syowai, ICAP

2. Framing Remarks

Global VTP services disruptions and challenges – Paula Munderi, UNAIDS

3. Engaging Communities and Recipients of Care in Keeping the Promise to Eliminate Vertical Transmission of HIV and End AIDS in Children

Robinah Babirye, AYP+, Uganda

4. Country Presentation: Kenya

Nelly Pato Dindi, MOH, Kenya

5. Q&A Session

Franklin Emerenini, ICAP; Lulu Ndapatani, ICAP & Yasteel Maharaja, PATA (Moderators)

6. Closing and Next Steps

Franklin Emerenini, ICAP

Presenters



Paula Mundari
Team Lead
Science, HIV Testing
and Treatment
UNAIDS, Geneva



Robinah Babirye
Program Officer
AYP+, Uganda



Nelly Pato
EMTCT Lead
MOH, Kenya



Framing Remarks: Global VTP Service Disruptions and Challenges

Paula Auberson-Mundari

Team lead, Science, HIV Testing and Treatment, Pediatrics

UNAIDS



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The Impact of Disruptions on VTP Services at Global Level

Indirect impacts

- UN Agencies
- International NGO's
- Research ...

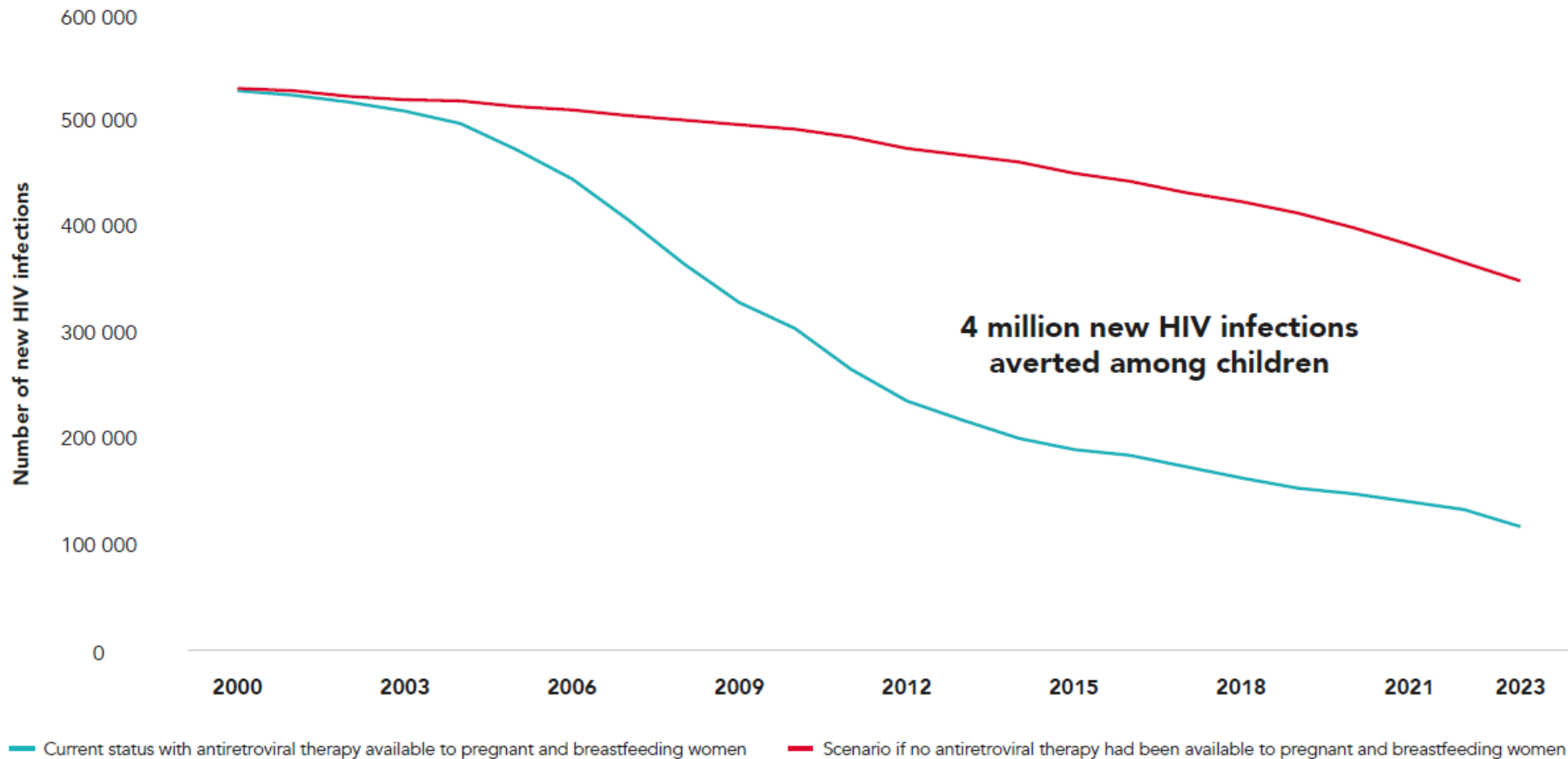
... Manufacturing sector



Global Commitments to End AIDS in Children

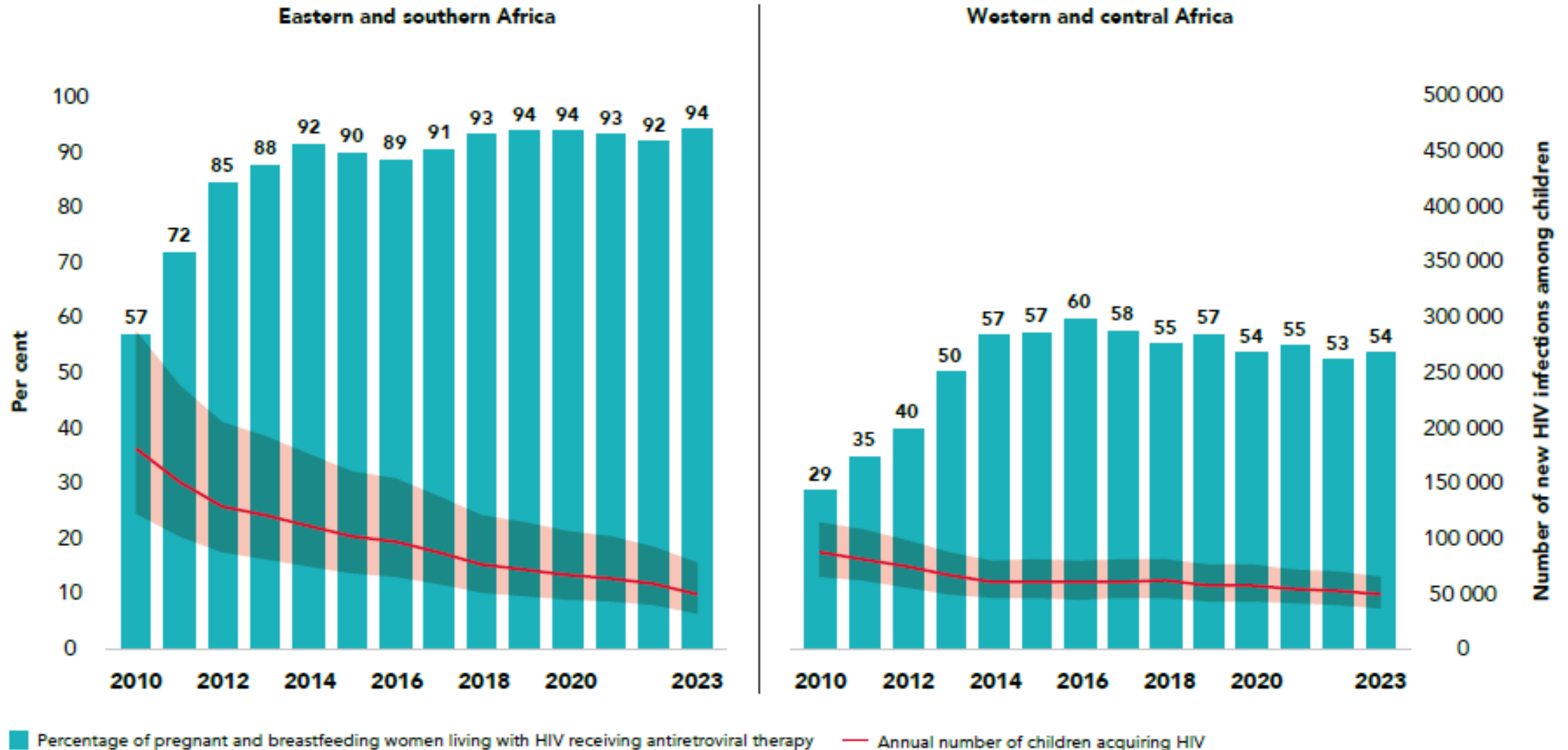
2025 Target	2023 Status
Ensure that all pregnant and breastfeeding women living with HIV are receiving lifelong antiretroviral therapy	84% [70% to >98%]
Reduce the number of adolescent girls and young women acquiring HIV to <50 000	210 000 [130 000–280 000]
Ensure that 90% of children (0-14 years old) living with HIV are accessing treatment	57% [28–52%]
Ensure that 90% of adolescents (15-19 years old) living with HIV are accessing treatment	64%
Ensure that 86% of all children living with HIV have suppressed viral loads	48% [22–33%]

Number of new HIV infections among children (0-14 years old) versus scenario without ART available to pregnant and breastfeeding women



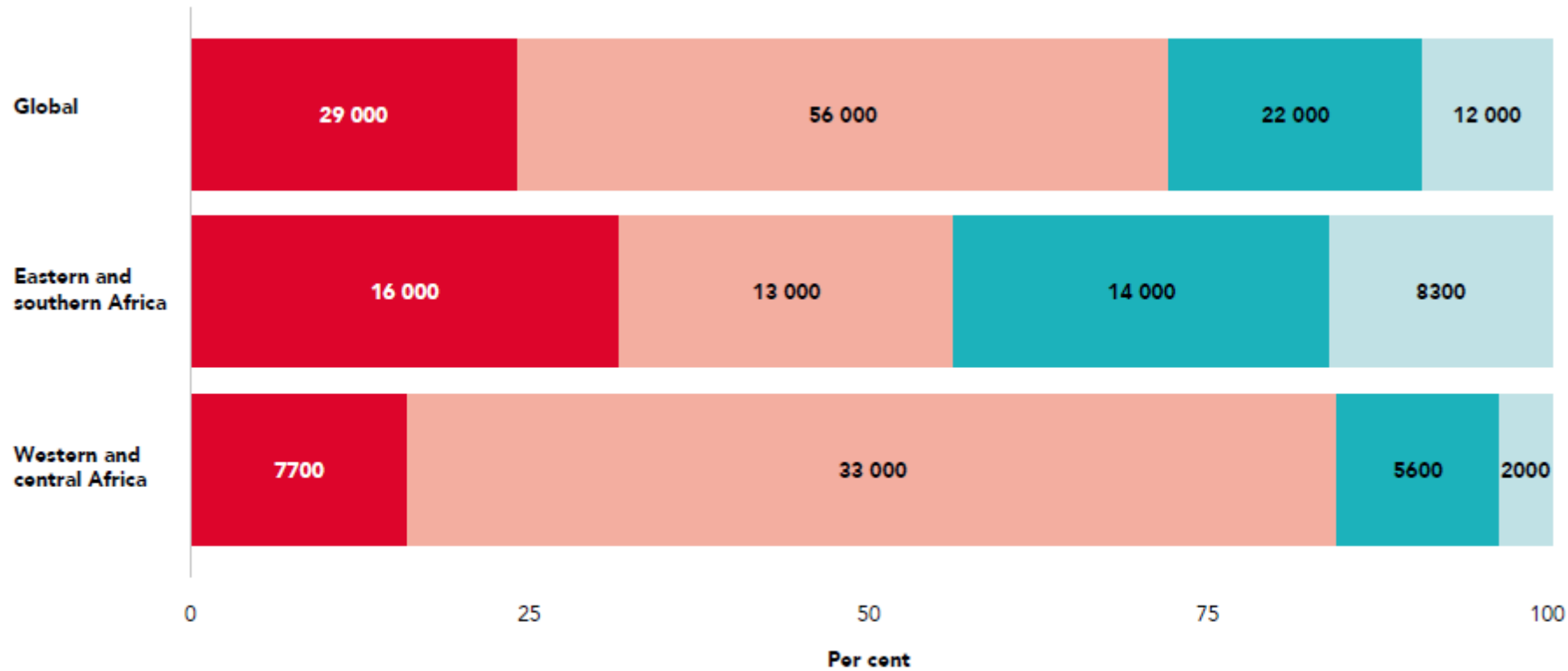
Source: UNAIDS special analysis of epidemiological estimates, 2024.

ART Coverage Among Pregnant and Breastfeeding Women Has Plateaued



Reasons for Continued Vertical Transmission

- Mothers not receiving ART, not virally suppressed, or discontinuing ART during pregnancy & breastfeeding
- Acquiring HIV during pregnancy or breastfeeding



■ Mother acquired HIV during pregnancy or breastfeeding ■ Mother did not receive antiretroviral therapy during pregnancy or breastfeeding ■ Mother did not continue antiretroviral therapy during pregnancy or breastfeeding ■ Mother was on antiretroviral therapy but did not achieve viral suppression

<https://www.unaids.org/en/impact-US-funding-cuts>

Estimated deaths associated with the funding freeze and discontinuation
between January 24th, 2025 at 12:00 PM EST and present

Estimated adult deaths

26'591

Incrementing every 3.3 minutes

Estimated children deaths

2'830

Incrementing every 31 minutes

How many lives can be **saved** if all services are fully restored by the end of 2025?

Preventable adult deaths

122'427

Decrementing every 3.3 minutes

Preventable children deaths

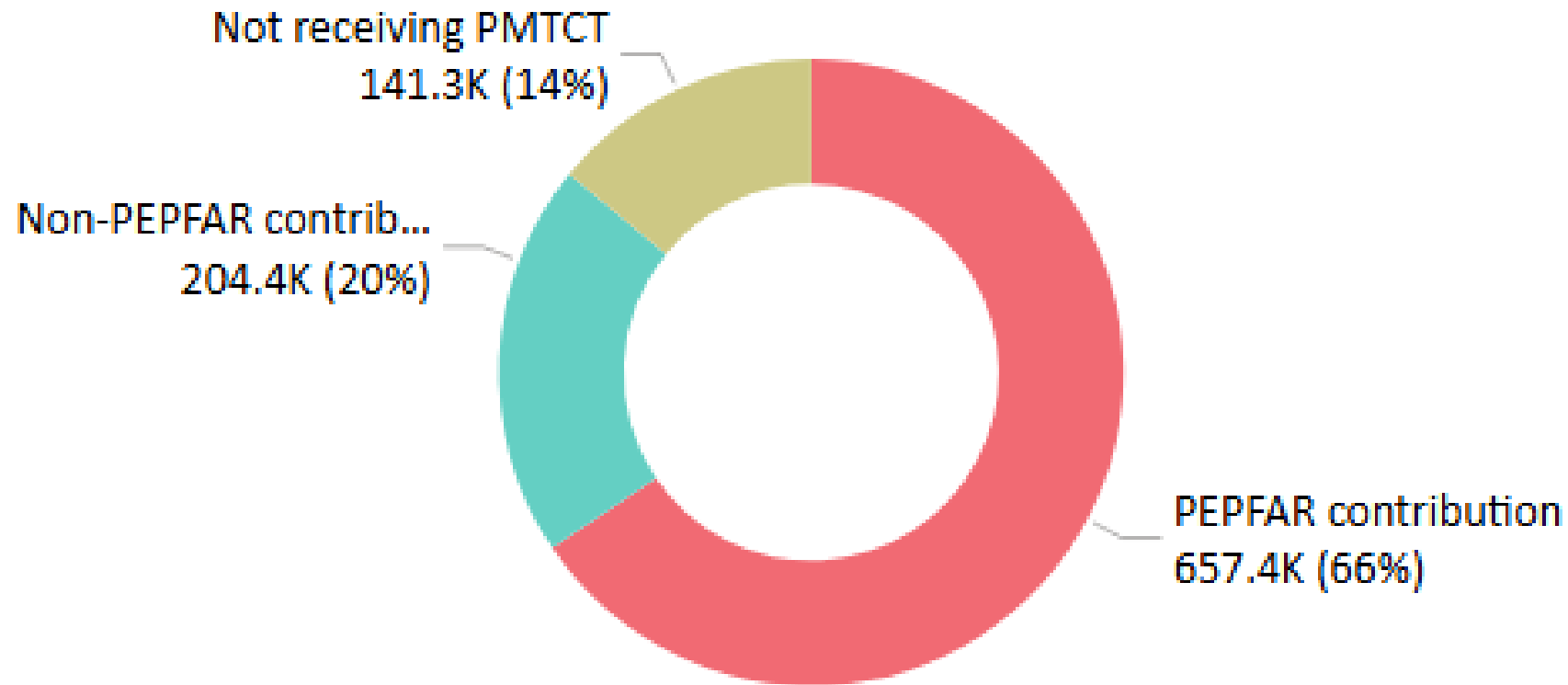
1'133

Decrementing every 31 minutes

Data provided by [PEPFAR Impact Counter](#)

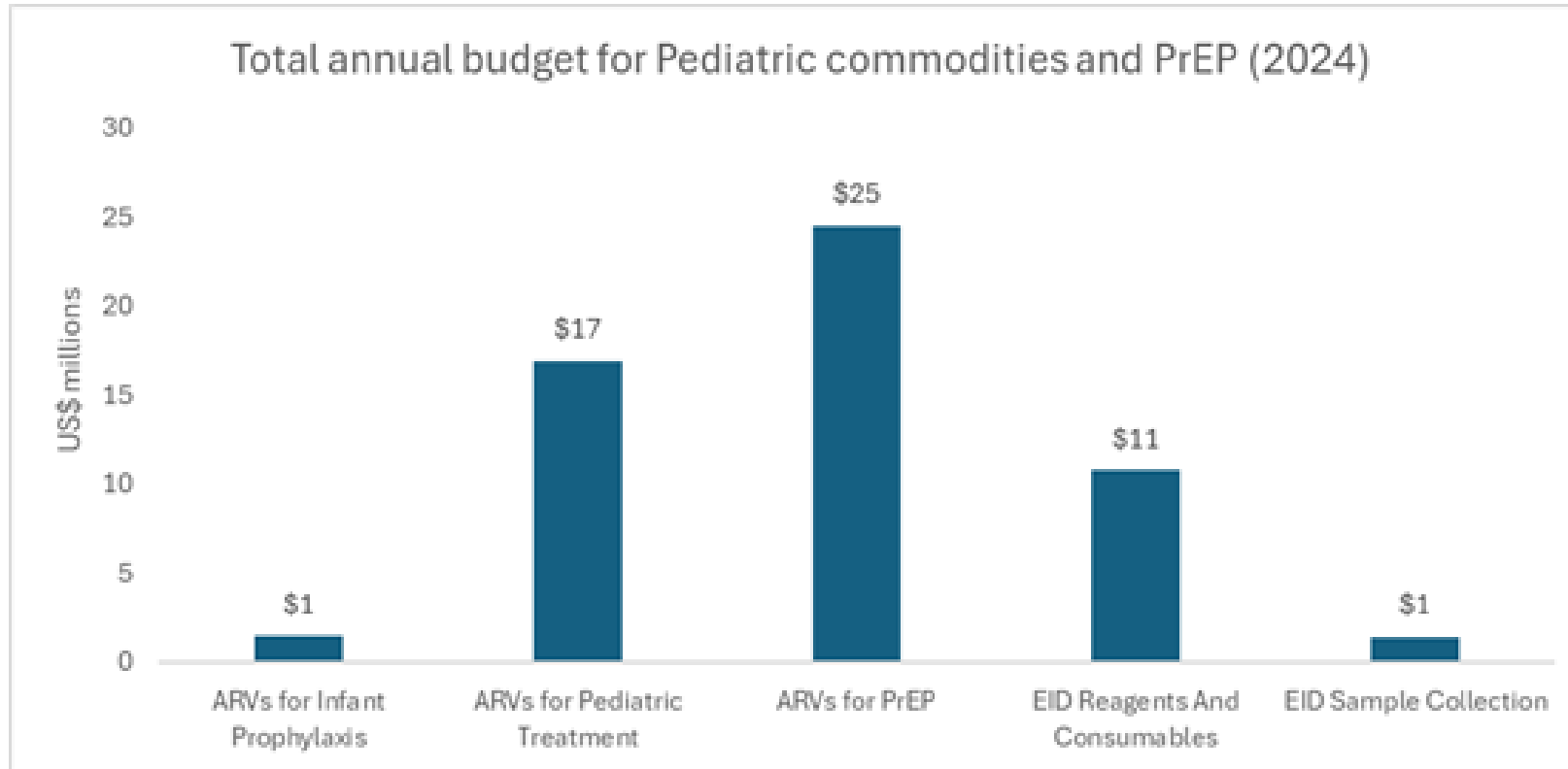
Indicative Magnitude of PEPFAR's Contribution in Program Coverage for PVT (All PEPFAR Countries)

Mothers needing and receiving PMTCT



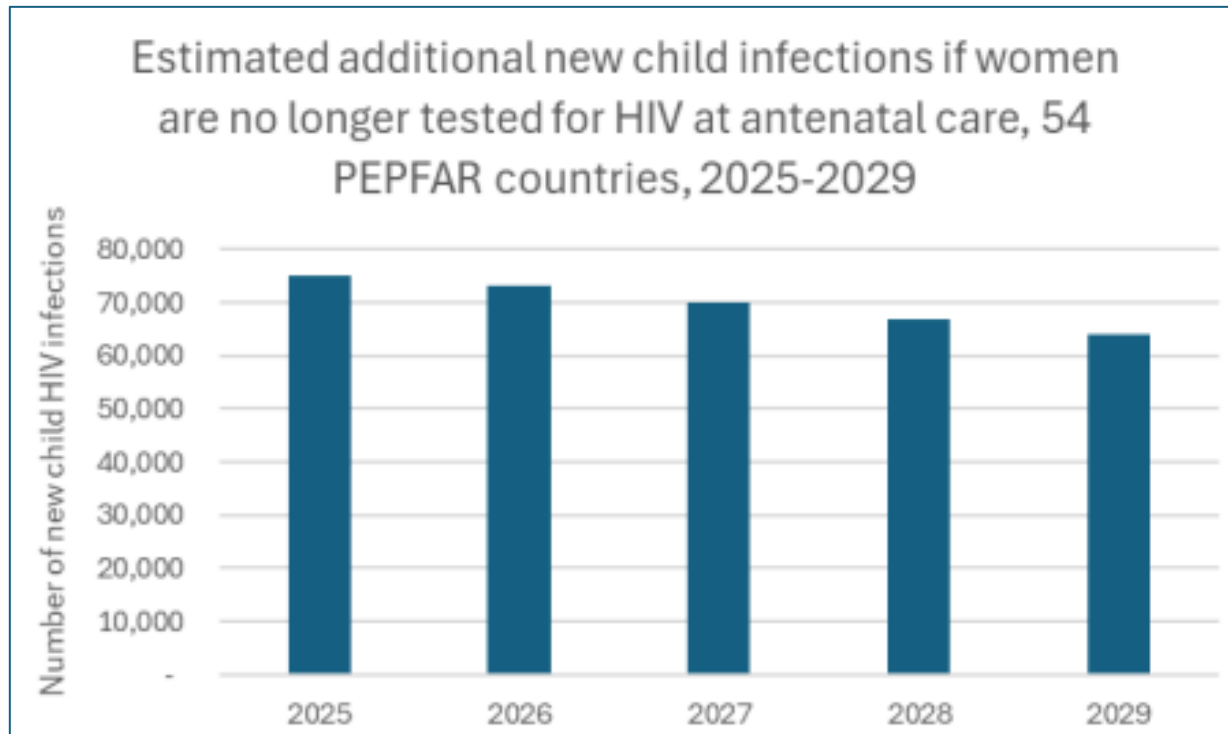
Integrated data from 2024 UNAIDS estimates, Global AIDS Monitoring, and 2023 data from PEPFAR Panorama site
PEPFAR contribution does not necessarily mean provision of all support from commodities, logistics etc.

Estimated Annual Commodities Budget Across 27 Countries



*During period of **no active orders** in March 2024, **manufacturing slowed** to minimal levels required to keep product assembly lines operational. This will affect product availability in the immediate term.*

UNAIDS estimates that an additional 350, 000 children will be newly infected with HIV over the coming four years if HIV testing is not available at antenatal care centers



HIV testing services in dozens of countries impacted

Most impacted testing services

- screening for people at high risk of HIV infection
- testing by community-led organizations

*“... in **Uganda**, a halt in US funding for community-led services has led to a reduction in the number of peer outreach workers, such as **mentor mothers** for prevention of vertical transmission ...”*

National survey on continuity of essential HIV, hepatitis, and STIs health services

February 2025

Global HIV, Hepatitis and STI Programmes

As of 13 March 2025

Service Disruptions

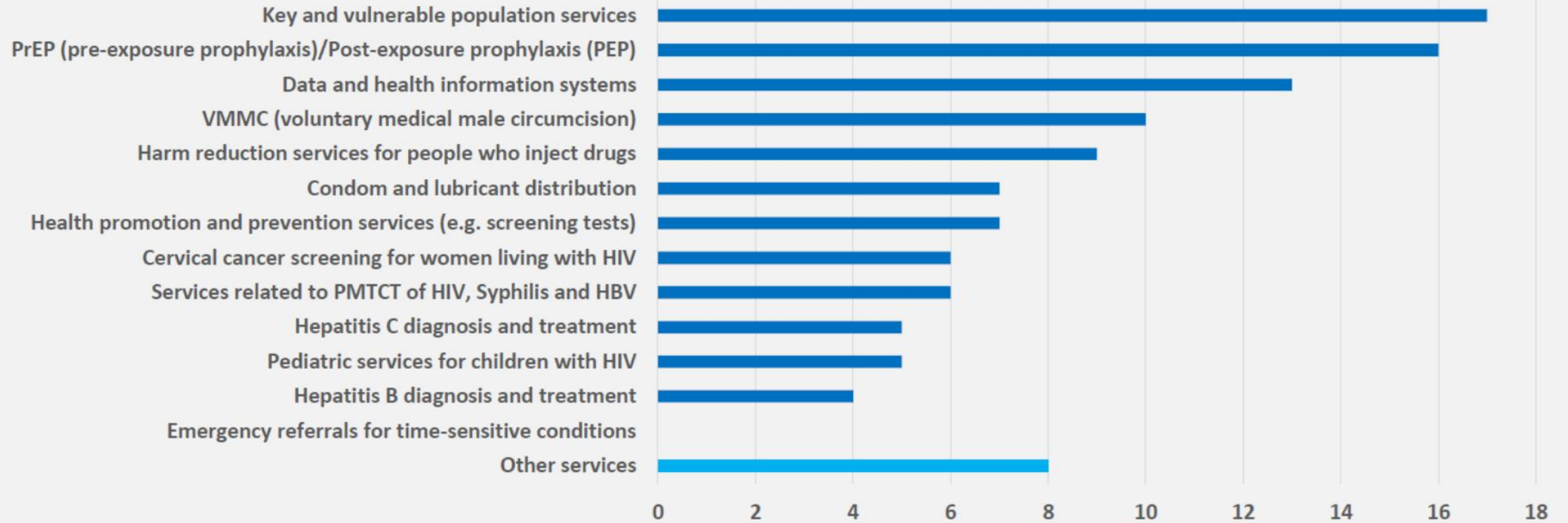
HIV testing				
>50%	26–50%	5–25%	<5%	Do not know
Kenya	Malawi	Burkina Faso	Brazil	Ghana
Lesotho		Ethiopia	Cambodia	Mali
Mozambique		Nigeria	Cameroon	Togo
South Sudan		Philippines	Dominican Republic	Uganda
Zimbabwe		Sierra Leone	El Salvador	Ukraine
		Zambia	Haiti	
			Honduras	
			Jamaica	
			Namibia	
			Papua New Guinea	
			South Africa	
			Thailand	
			United Republic of Tanzania	
			Viet Nam	

Continuation of established ARV treatment				
>50%	26–50%	5–25%	<5%	Do not know
Haiti	South Sudan	Burkina Faso	Brazil	Ghana
Kenya		Mali	Cambodia	Mozambique
Lesotho		Nigeria	Cameroon	Togo
		Ukraine	El Salvador	Uganda
			Eswatini	Zambia
			Ethiopia	
			Jamaica	
			Malawi	
			Namibia	
			Papua New Guinea	
			Philippines	
			Sierra Leone	
			South Africa	
			Thailand	
			United Republic of Tanzania	
			Zimbabwe	

Initiation of new ARV treatment				
>50%	26–50%	5–25%	<5%	Do not know
Kenya	Haiti	Burkina Faso	Brazil	Ghana
Lesotho		Nigeria	Cambodia	Mali
Mozambique		Philippines	Cameroon	Togo
South Sudan		Sierra Leone	Dominican Republic	Uganda
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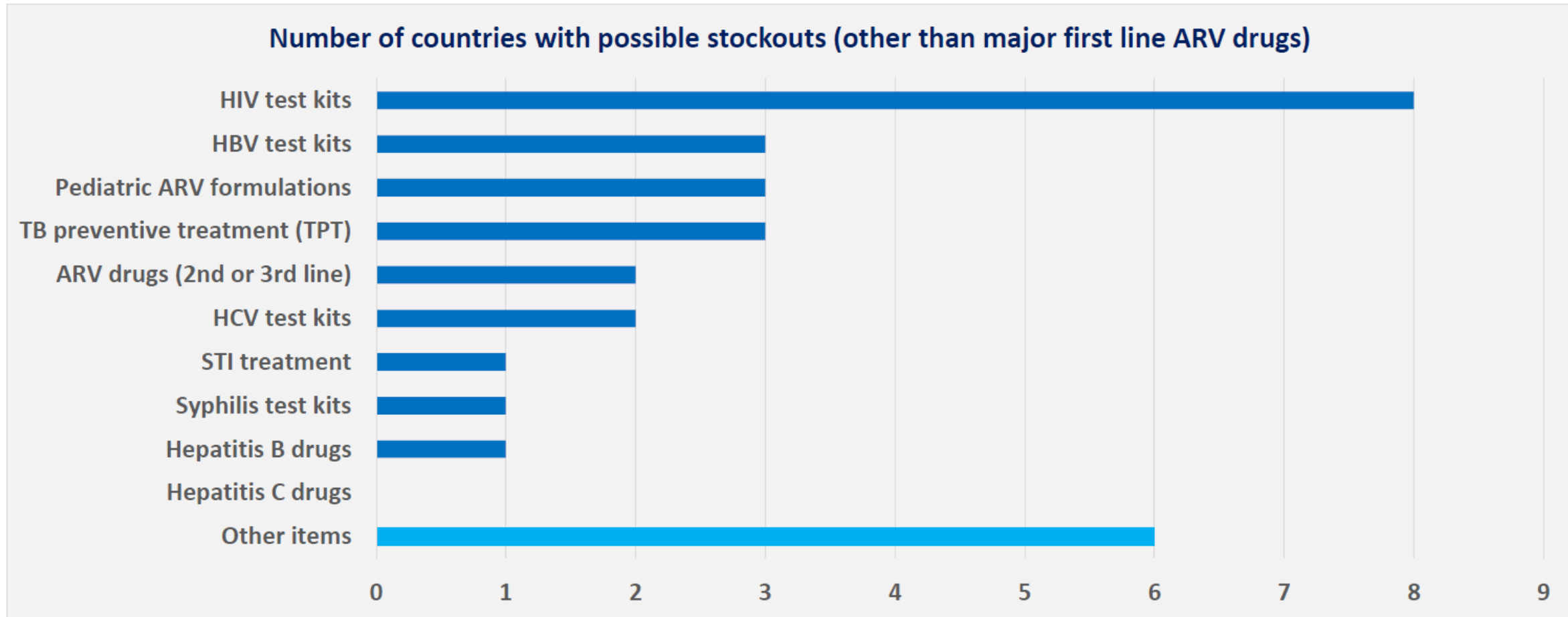
Service Disruptions

Number of countries reporting other services disrupted by more than 25%



*Other services include ART retention, DSD, HIV drug resistance monitoring, viral load testing, index testing, DREAMS, mental health and SRH services, NCDs for PLHIV, NSP, OAT, and health services for undocumented migrants

WHO Survey: Commodities



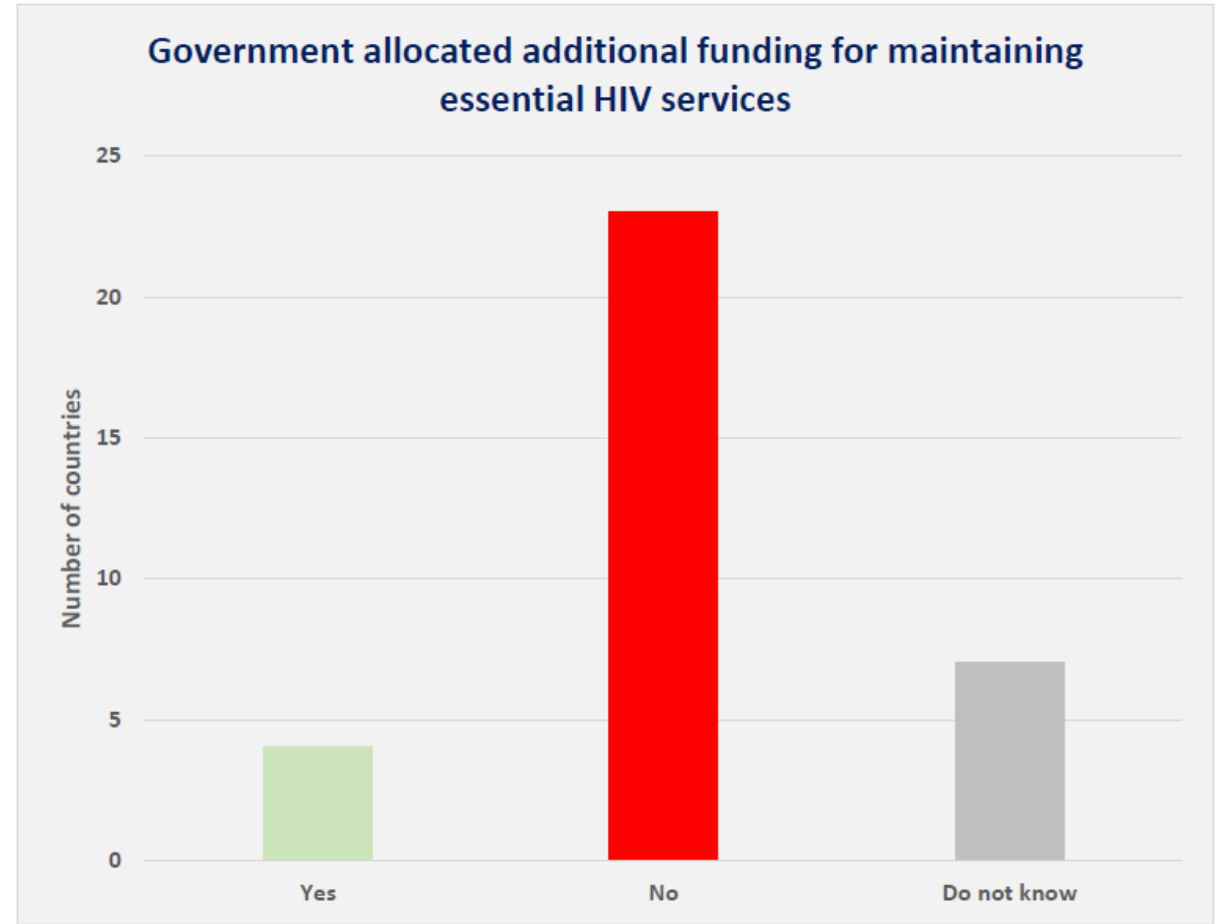
*Other items include viral load, CD4, and EID testing, NVP and AZT syrup, PrEP, condoms, needles for NSP and OAT, and GeneXpert cartridges

Conclusion

Most affected are KP services, PrEP/PEP, Data and health information systems; in addition to HIV treatment and testing.

Few countries, like Burkina Faso, El Salvador, Nigeria and United Republic of Tanzania, report putting in place mitigating strategies.

Results cover a period of several weeks: in a fast-changing environment, disruptions and resolution continue to evolve





AIDS AT A CROSSROADS

Thank you.



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Engaging Communities and Recipients of Care in Keeping the Promise to Eliminate Vertical Transmission of HIV and End AIDS in Children

Robinah Babirye
Program Officer
AYP+, Uganda



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How Are Communities Adapting to the Changing Landscape

- **Partnerships** i.e CSO partnerships and NGO and Private Sector partnerships
- **Media Engagements** i.e Social Media (*X Spaces, Press Releases etc*) and Mass media *e.g Talkshows etc*)
- **Conducting client feedback** on the impact of the new changes
- **Integration of services** i.e Integration of HIV services in other Health Services

Strategies to Maintain Engagement with RoCs Amid Changing Landscape

- **Meaningful Engagement of RoCs in different groups at ALL levels** i.e TWGs, Task Forces, Health Committees
- Engaging with **Community Health workers/Peer Mentors** to support in delivering services to the RoC
- Strengthening Community Led Monitoring

Advocacy Strategies to Ensure that Countries Prioritize VTP Services.

- **Media Advocacy** i.e Munonye Campaign (Find A Child) , Social media
- **Community Health Worker Advocates** to advocate for Quality of VTP services
- **Strengthening Community Led Monitoring** to present data that speaks to VTP programs
- **Organize Community outreaches** to create awareness
- **Strengthening Partnerships** i.e Private sector engagement to leverage on the untapped resources
- **Community Based Initiatives** i.e Global Alliance COT

“A healthy child brings an immense joy to its mother!”

Thank you.



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Kenya Country Presentation

Nelly Pato Dindi
EMTCT Lead
Ministry of Health, Kenya



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Presentation Outline

1. Kenya HIV Funding Landscape

2. Impact of Changes on Vertical Transmission Prevention (VTP) Program

3. Kenya's Response

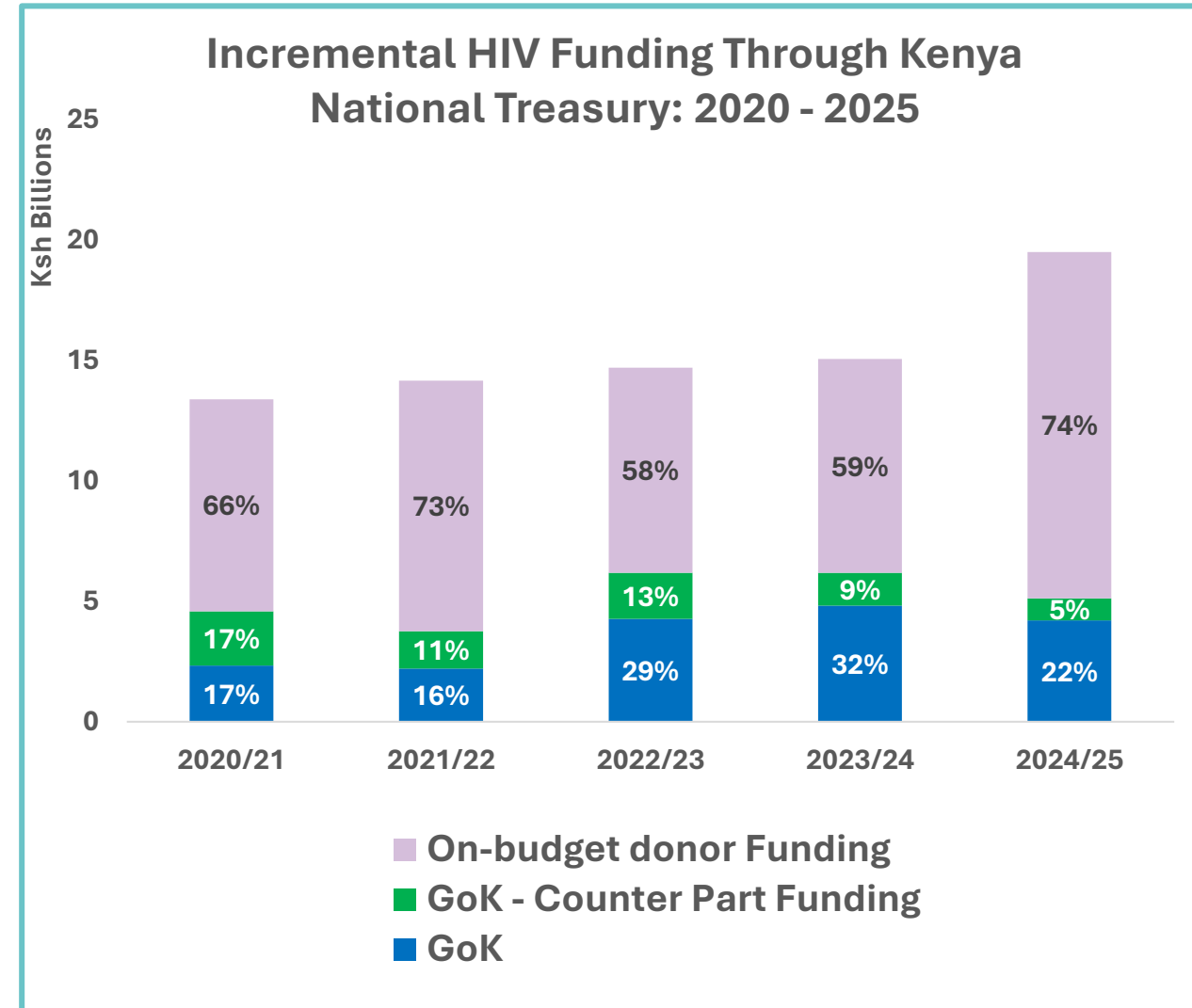
- Strategies to Ensure Continuity of the VTP Program

4. Country Sustainability Plan

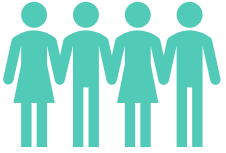


Kenya HIV Funding Landscape

- **1.35 million** PLHIV are on ART:
 - **1.3 million adults**
 - **47,531 children**
- **HIV funding is primarily donor-driven**, with limited Government of Kenya (GOK) contributions
- **Up to 80% of HIV commodities** in Kenya are funded by external donors
- **PEPFAR's presence:**
 - 3 agencies (**USAID, CDC, DOD**) provide direct support in **40 out of 47 counties**
- **PEPFAR supports 41,547 healthcare workers** (HRH), including clinical, ancillary, and implementation personnel



PEPFAR Supported Areas in VTP Services



Human resource for health and coordination

- Support national and county level technical assistance for policy guidance and technical working groups meetings
- Provide additional HRH (nurses, clinical officers, HTS counselors, data clerks, social workers)
- Facilitate capacity building through supportive supervision and continuous medical education



Facility-level service delivery

- Case management for high risk pregnant and breastfeeding women
- Support community-based mentor mothers who provide peer support at facility and community



Health Products, Technologies and M&E System

- Provide EID and viral load commodities, sample networking from spokes and hubs to national lab
- Longitudinal follow up and tracking of mother baby pairs
- Support electronic medical records for VTP services both at point of care (POC) and routine reporting

Impact of Changes on Vertical Transmission Prevention Program



Impact of Changes on Vertical Transmission Prevention Program

Declining HIV Testing & Treatment for Pregnant Women

- **HTS uptake** among pregnant women dropped to **35%** (from **55%** in Dec 2024)
- **ART initiation** among pregnant & breastfeeding women (PBFW) decreased from **96%** (Dec 2024) to **83%** (Jan 2025)
- **HIV prophylaxis coverage** for HIV-exposed infants dropped to **46%**, down from a **sustained coverage above 95% in FY 2024**

Broader HIV Prevention & Treatment Challenges

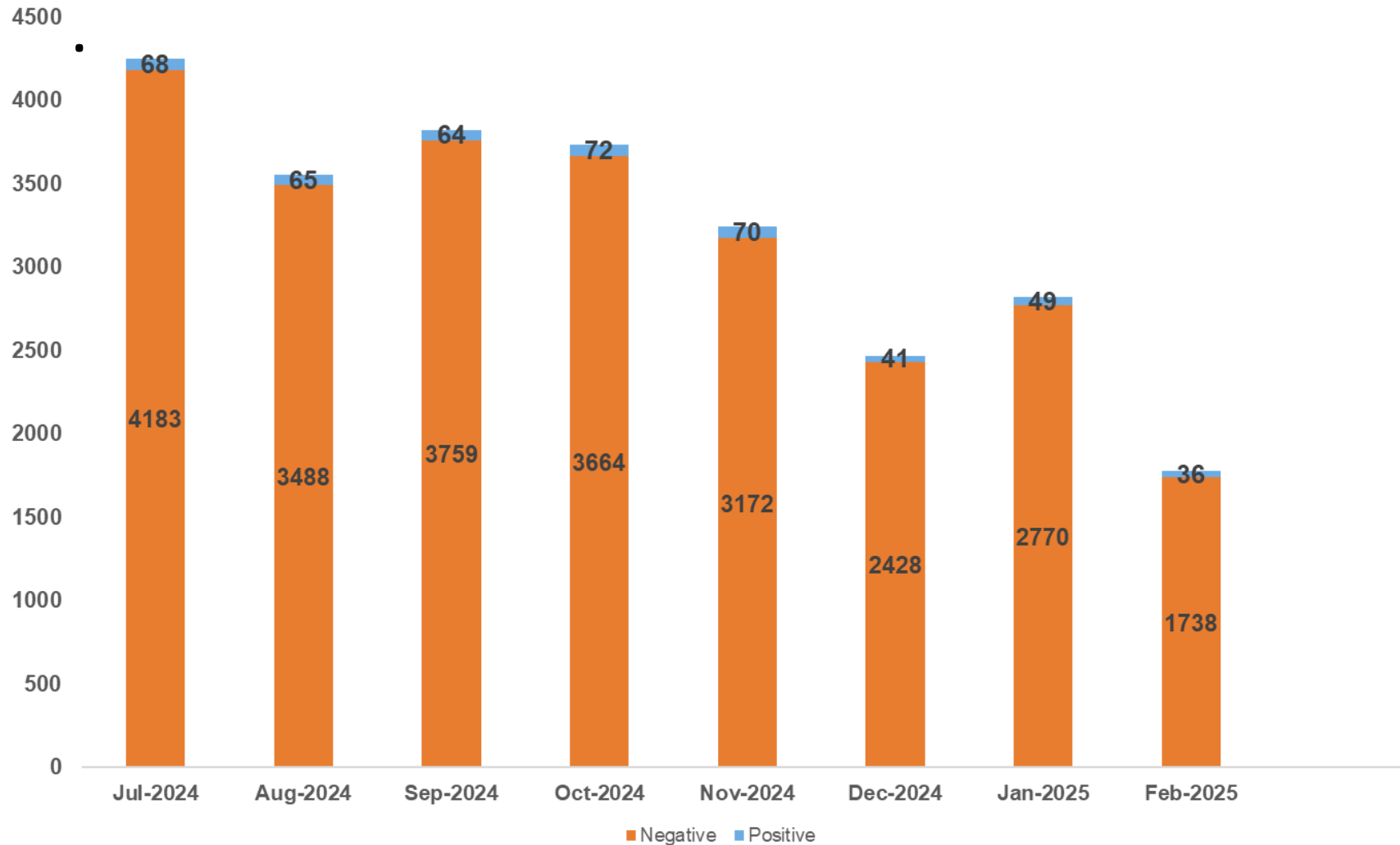
- **PrEP uptake among PBFW** remained low, despite cost waivers, aligning with national trends
- **Limited availability** of plasma preparation tubes **disrupted viral load testing**
- **Reduced EID & viral load testing capacity** led to **longer turnaround times (TAT)**, delaying treatment monitoring

Root Causes

- **HRH shortages** at service delivery points
- **Data reporting gaps**, affecting program insights and interventions



Early Infant Testing – Initial Tests

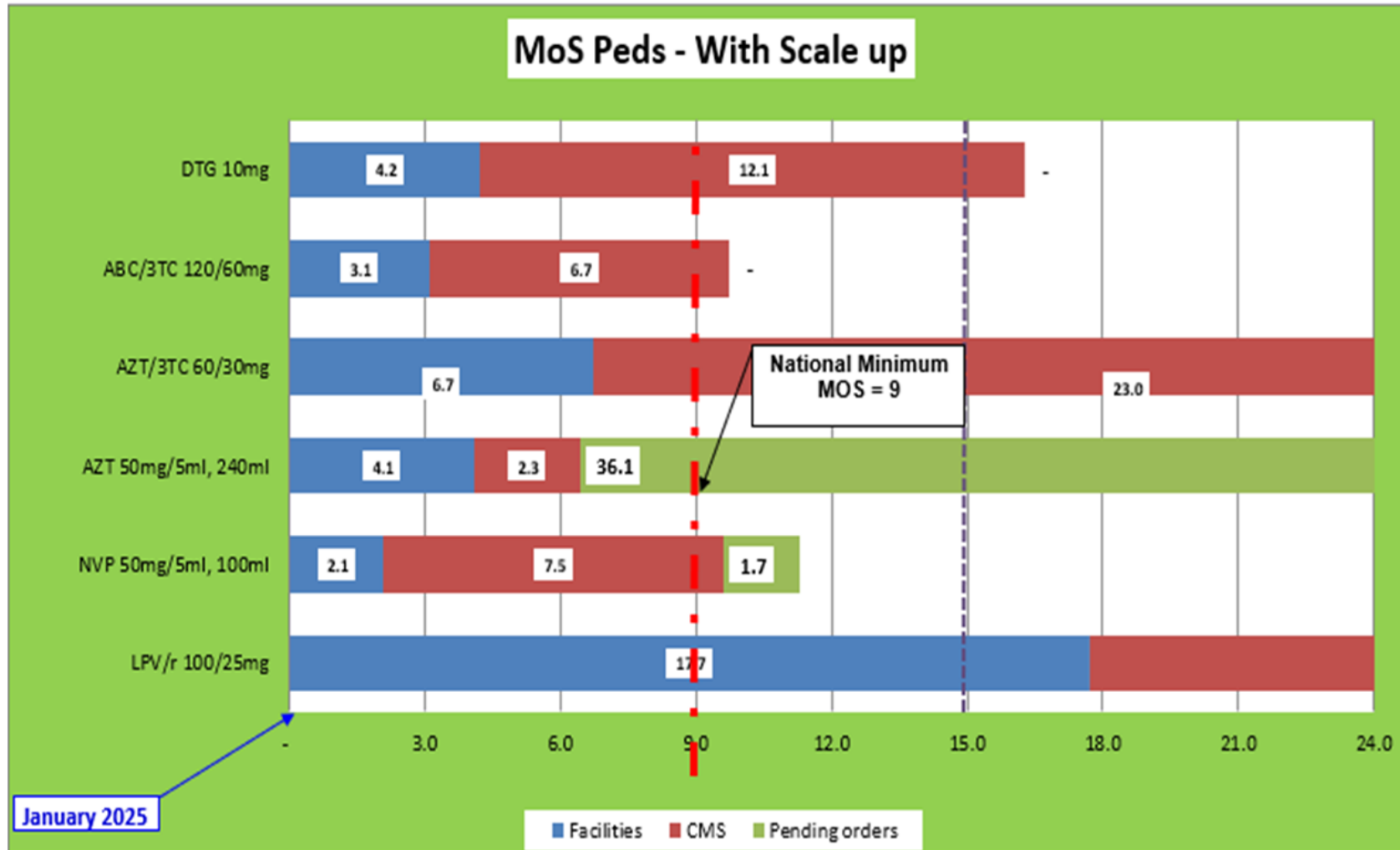


Decrease in early infant testing

- **January 2025:** 2,770 tests conducted
- **February 2025:** 1,738 tests conducted
- **Decrease of 1,032 tests** in just one month



Infant Postnatal Prophylaxis Commodity Status



- Distribution of AZT and NVP syrup to be completed by end of March 2025
- Adequate stocks of AZT and NVP for the next 6 months
- Procurement processes ongoing to secure additional PNP



Kenya's Response



Response - HIV Testing Services for PBFW

No VTP Policy Shifts Implemented

- VTP minimum package of care remains the same

Optimizing HIV Testing Services

- Kenya continues with the **3-test algorithm** for HIV screening
- **HIV test kits** are **re-distributed** to facilities facing stockouts
- **Trained laboratory officers** redeployed as **second testers** to support nurses and **reduce errors**
- **On-the-job training & mentorship** provided to MOH staff in MNCH on the **3-test algorithm**

Addressing HRH Gaps

- **Short-term contracts** issued to previously disengaged staff using **Facility Improvement Funds (FIF)**



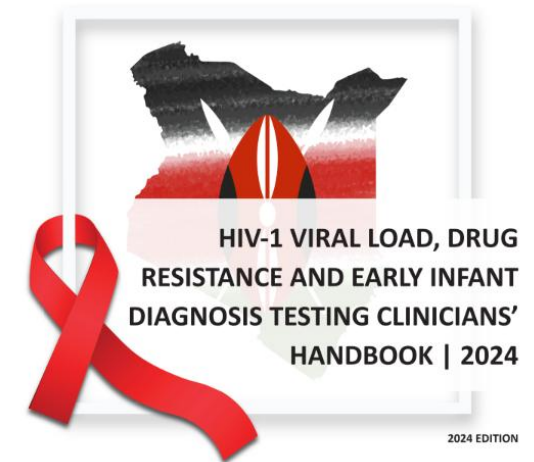
Kenya's Response- Continuity of Care for PBFW

- Plan to intensify integrating VTP services into primary health care (PHC) under the umbrella of the Primary Care Network (PCN) and routine care
- Facility based trainings are being done for MOH nurses and clinicians to improve their capacity to use EMR system, MNCH module, to support easy patient follow-up



Response - EID and Viral Load Testing

- Sample transport from spoke facilities to central labs supported by facility funds and county vehicles
- Leveraging on global fund supported mentor mothers in the community to identify and refer clients due for EID and VL.
- Intense mentorship and on the job training for MOH nurses and clinical officers on EID & VL sample collection and management processes



Country Sustainability Plan

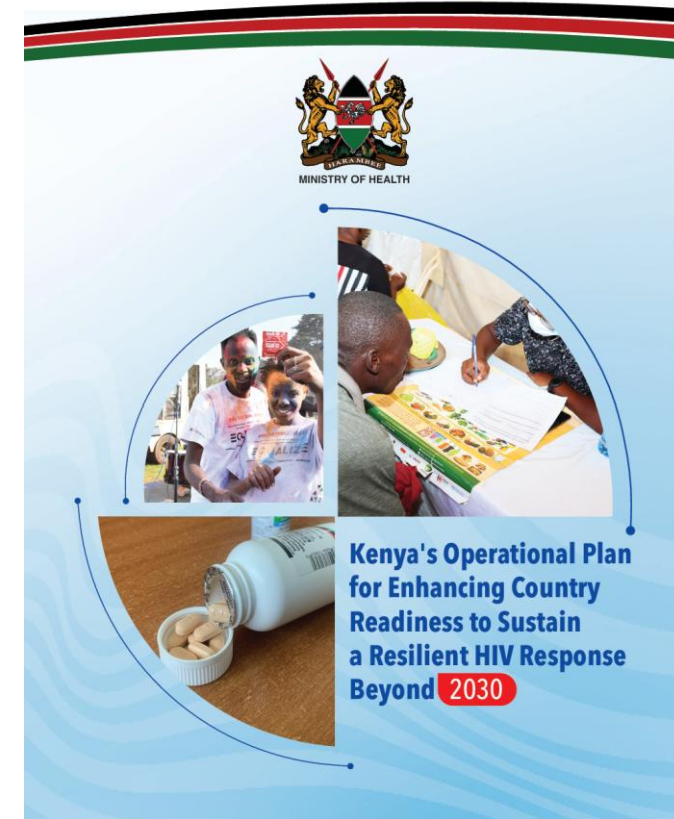
Country & Stakeholder Engagement

NASCOP held an HIV service delivery summit to transition HIV services to mainstream service. The summit had an 11-point declaration with proposed leadership from the counties

Kenya's Operational Plan for Enhancing Country Readiness to Sustain a Resilient HIV Response Beyond 2030 was launched on 1st Dec 2024 and is currently being actioned



HIV sustainability and service delivery Integration (annual summit)



Sustainability Plan contd.

Training

- Developing virtual training package for HIV testing for MOH staff with linkage to facility lab coordinators for practicum training
- The country is working on a standardized VTP integration package for uniformity
- Training of MNCH staff as HTS providers

Building Resilient Service Delivery & Strategic Information Health Systems

- Transition all EMRs to national data archives
- Optimize integration of VTP in MNCH services
- Technical assistance from the VTP TWG to countries through the eVTP task forces
- Follow through on the HIV integration summits commitments to integrate HIV service delivery into a person-centered, holistic health approach led by MOH, ensuring sustainable, equitable, and quality of care.

Domestic Resource Mobilization

- Request to parliamentary health committee and county governments for additional resources for health.
- Absorption of partner staff to MOH



Thank you.



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Moderators



Franklin Emerenini
Deputy Director, HIVE
ICAP in Nigeria



Lulu Ndapatani
HIVE Regional Advisor,
ICAP in Kenya



Yasteel Maharaj
Senior Program Manager,
PATA, South Africa

Q&A Discussion



Moderator
Franklin Emerenini
Deputy Director,
HIVE
ICAP in Nigeria



Moderator
Lulu Ndapatani
HIVE Regional
Advisor,
ICAP in Kenya



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Paula Mundari
Team Lead
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and Treatment,
Pediatrics
UNAIDS, Geneva



Robina Babirye
Program Officer
AYP+, Uganda



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 May 15, 2025



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icap Global Health