Sustaining M&E and Data Systems for the Prevention of Vertical Transmission Amid Threats to Global Health Funding

Challenges, Adaptations, and Lessons from HIVE Countries

Thursday, 15th May 2025





Welcome & Introductions

Bill Reidy Deputy Director, Strategic Information Unit ICAP at Columbia University



HIV Impact Network for Vertical Transmission Elimination





Housekeeping

- 90-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/)







- 1. Welcome and Introductions Bill Reidy, ICAP at Columbia University
- 2. Framing Presentation M&E of VTP: Where are we now Karam Sachathep, ICAP at Columbia University
- 3. Country and recipient of care presentations:
 - Kenya M&E of VTP Update Elvis Kirui, MOH Kenya
 - Tanzania M&E of VTP Update Mukome Nyamhagatta , MOH Tanzania
 - Status and challenges in Community Lead Monitoring (CLM) Helen Irene, ASWHAN, Nigeria
- 4. Panel Discussion & Q&A
- 5. Closing and Next Steps Bill Reidy, ICAP at Columbia University





Framing Remarks: M&E of VTP: Where are we now?

Karam Sachathep Senior Strategic Information Manager ICAP at Columbia University



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Building Resilient M&E Systems for Vertical Transmission Prevention How and what do we prioritize?

Karam Sachathep, PhD ICAP CQUIN/HIVE Senior SI Manager



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Introduction: What is M&E of Vertical Transmission Prevention (VTP)?

M&E of VTP focuses on assessing the effectiveness of programs aimed at reducing vertical HIV transmission during pregnancy, childbirth, or breastfeeding (BF) Key elements of M&E for VTP include longitudinal tracking of prevention, testing, and ART measures for mother and baby, through the end of BF period



M&E of VTP: What to Monitor in the Emergency Response Period?

- HMIS/DHIS2 Integration: Ensuring data governance, integration of different data systems (EMR, DHIS2) and critical VTP indicators
- Data Quality Assurance: Tracking compromises in data quality, DQA and improvement plans
- **Tracking Progress:** Monitor key VTP priority indicators for HIV prevention, testing, and treatment over time, focusing on inputs, processes, outputs, and quality.
- **Monitoring Strategies at facility and community settings:** Ensure robust monitoring of VTP services for pregnant women, both at facilities and in community-based settings.
- Longitudinal Tracking of MBP: Implement systems to longitudinally track mother-baby pairs (MBP), ensuring effective follow-up and easily accessible data.
- Addressing Retention Challenges: Use national electronic data systems with unique IDs to overcome issues related to mobility during and after pregnancy.
- **Monitoring Integration of Services:** Use EMR data to understand and monitor outcome differentials in facilities that are integrating services vs those not integrating

Why is M&E of VTE important and what is at Risk?



To follow epidemiological trends in vertical transmission



To identify strengths and weaknesses in VTP programs design and/or implementation



To address changing priorities



To convince policy makers of the need for action and financial and human resources needs

Loss of technical assistance for M&E systems; Interruptions in routine data collection and reporting; Reduced capacity for data analysis and use at subnational levels; Potential reversal in gains: increased MTCT, delayed EID, missed follow-up....And much more!



Country Case Study: HIV data flow and ownership- Mozambique

Key:

MOH supported

IP supported

Aggregate data (SISMA)

MOH own DHIS2 HMIS

- MOH data clerks at HF or district level
- MOH supports annual DQA for VTP related indicators (delay due to SWO)
- M&E staff at all levels

IPs provide additional support for aggregated data :

- 1. Printing/distributing tally sheets/registers*
- 2. Training of HCW on documentation and use of data
- 3. Support and participation in national annual DQAs



Patient level data (DAMA/EMR)

= Data flow interrupted by SWO

No current MOH ownership IPs support the entire system:

- 1. IP-supported data clerks at HFs enter paper records into the EMR
- 2. IP-supported (majority) clinicians fill out registers and charts
- 3. IT equipment, staff training, system maintenance, data synchronization and transmission to district/national levels

Master Card captures breastfeeding/pregnancy status but has limited information outside of treatment that feeds into the EMR. No other VTP data is captured in the EMR.

Paper based: ANC, HEI, Maternity Register Books → SISMA (manually entered monthly). The ROC charts for PBFW and HEI do not directly contribute to DHIS2- they are not formally summarized and used only for follow up and not direct reporting.

**EMR data is not networked across facilities; Data for HF needs to be manually transferred upwards

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Critical M&E System Components Impacted by USG **Funding Withdrawal: 5 HIVE Member Countries**



Source: Ministries of Health



2. VTP Tools Availability

3. EMR Functionality

Partially Impacted

No Impact



Impact of Disruptions on Mentor-Mother Support for HEI Tracking (Landscaping results from HIVE member countries)

Interrupted Mentor-Mother Activities:

Some mentor-mothers continued as volunteers, but many suspended activities, leading to gaps in follow-up and retention.

Tracking & Retention Declined:

Stop Work Orders (SWOs) negatively affected patient tracking, especially at facility level, due to halted mentor-mother support.

•Uneven Impact Across Facilities:

Sites supported by the Global Fund or government-maintained activities with minimal disruption.

•Reduced Data Reporting:

15–20% drop in monthly mentor-mother report submissions observed.

Increased Risk for HEIs:

Disruptions led to lower follow-up rates for HIV-exposed infants, raising the risk of loss to follow-up and default from care.



Impact of SWO: Select VTP Indicators

Country A



Number of People Tested for HIV and received their result

*Preliminary HMIS data from CQUIN member countries

Number of HIV-exposed infants receiving a first virological HIV test < 2 mos of age



Number of HIV-exposed infants who were started on ARV prophylaxis at birth



Impact of SWO: Select VTP Indicators

Country B

HIV Testing Trends: ANC1 vs Overall



Number of People Tested for HIV and received their result

*Preliminary HMIS data from CQUIN member countries

Number of HIV-exposed infants receiving a first virological HIV test < 2 mos of age



Number of HIV-exposed infants who were started on ARV prophylaxis at birth



Impact of SWO: Select VTP Indicators

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Number

Country C



-----Number of People Tested for HIV and received their result

*Preliminary HMIS data from CQUIN member countries

Number of HIV-exposed infants receiving a first virological HIV test < 2 mos of age



Number of HIV-exposed infants who were started on ARV prophylaxis at birth



Peeking behind the DHIS2 data: High Level Themes

Clinical/Programmatic Disruptions

- EID services supported by PEPFAR
- Loss of HTS counselors
- Limited HTS (including M&E data clerks)
- Shortage of all commodities
- Shut down of ALL community-based services
- Significant influx of patients from previously supported PEPFAR facilities into MOH supported facilities— task shifting, reduced support and overburdening of MOH facilities impacting care quality
- Higher loss to follow up/retention issues especially surrounding new mothers

M&E Impact

- Withdrawal of M&E clerks
- Weakened digital platforms- EMR, other electronic platforms
- Printing of tools, registers streamlined
- Data quality checks compromised
- Overloaded DHIS2 server
- Inaccurate data reporting
- Training and support for M&E staff on hold
- Delays in data entry, updating indicators, sharing data from sites upstream
- Data use and feedback loop disrupted
- Unclear data governance framework



Context Matters...What is the reason behind the downward trends?

Programmatic or Service Delivery Interruptions?

Breakdown in Routine Data Collection and Reporting?

Quality or Follow-Up Gaps?

Other contributing factors? HRH? Coordination? etc



Adaptive M&E Approaches for Changing Contexts

- •Prioritizing high-impact indicators (coverage, quality, outcomes)
- •Promoting data ownership and governance
- •Leveraging national platforms: DHIS2, integrated dashboards
- •Simplifying tools for community and facility use
- •Building local 'in house' M&E capacity (e.g., district data officers, mentors)
 - Task-shifting for M&E roles to non-traditional cadres
- •M&E of the impact of clinical task shifting on ROC health outcomes
- •M&E of integration- what does this look like and what should we monitor?
- •Encouraging data use for action at decentralized levels



Way Forward

- M&E is critical to sustaining VTP elimination progress
- Clear trends displaying impact of SWO already apparent in testing and ART initiation
- Further scrutiny of data required at national and subnational level to understand reason behind the trends
- Transitioning from USG support requires **planning and prioritization and goals**
- Local ownership and smart adaptations can keep momentum alive
 - Some countries have been able to adapt quicker than others
- Paper based data collection and reporting systems have proven to be effective in the face of funding threats however-what happens when the printer runs out of ink?
- Streamlining/adopting a **minimum set of indicators** as a way forward?
- How do we maintain M&E of VTP if there are further funding cuts?

"Progress made must not be lost — we must do more with less, but not less

altogether."



Thank You!



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Presenters







Elvis Kirui

Monitoring & Evaluation Officer NASCOP, Kenya

Mukome Nyamhagatta

Head Strategic Information PMTCT Programme Tanzania Irene Hellen Assistant National Secretary ASWHAN, Nigeria





Country Presentation: Kenya M&E of VTP Update

Elvis Kirui Monitoring & Evaluation Programme Officer NASCOP, Kenya



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Strengthening M&E and Data Systems for the Prevention of Vertical Transmission in Kenya Insights and Challenges from the Global Health Funding Crisis

Elvis Kirui Ministry of Health, Kenya





Background

M&E VTP challenges in the current context

Current strategies to mitigate/stop the gap for VTP

Longer-term anticipated challenges/resiliency strategies and threats to longer-term sustainability of VTP services



Background – Historical roles and responsibilities



- The **Ministry of Health (MoH)** owns the **KHIS** and supports some aspects of its implementation.
- Implementing Partners (IPs) support MoH across all areas, including Electronic Medical Records (EMR) and the National Data Warehouse.
- HIS staff in Kenya are a mix of civil servants and IPsupported personnel.
- IPs:
 - Support and fund staff for **data collection and entry** into MoH systems (KHIS, EMR).
 - Provide **technical support** for MoH tool implementation at sub-national levels.
- **MoH staff** independently enter KHIS reports **without incentives** from IPs.
- In partner-supported sites, IPs also assist with data entry into KHIS.

*Level 2 and 3 facilities monthly reports are entered into KHIS at **subcounty level** rather than within HF

Key Affected Health Data Systems

EMR

- Supports VTP services by longitudinally monitoring mother and child throughout the VTP cascade
- Tracks both mother and infants' histories and outcomes
- Generates dedicated VTP Reports for both mother and child

KHIS2

- National health data repository
- Supports strategic planning and policy-making

EID Data System

- Case identification
- Monitoring and Linkage
- Program Performance & Accountability



M&E VTP challenges in the current context-1

Infrastructure and Maintenance Gaps

Data systems depend heavily on IPs for regular upgrades maintenance and technology updates.
 Disruption of funding systems face the risk of breakdown

Reduced Training and Capacity building

• The gap in capacity building leads to errors in data reporting and decline in overall integrity and data quality.

Data Validation Issues

• Systems downtime affected timely validation of service and HIV delivery data; challenges persist

Impact of Referral Systems

• Service disruption impacted longitudinal follow-up, referral processes, and service quality.



M&E VTP challenges in the current context-2

Data Ownership & Governance

High Dependence on Implementing Partners (IPs)

• EMR and KHIS are heavily dependent on IPs for development, maintenance, and ongoing technical support

Sustainability Concerns

- Without sustained IP funding, the government may face challenges in independently maintaining and upgrading these critical systems
- Lack of clear data governance frameworks and local capacity exacerbates the risk

Data Documentation & Reporting

Reduced IP Support Affects Service Data

• Funding cuts have significantly impacted routine documentation, especially for VTP services

Service Gaps in Reporting

Pregnant and breastfeeding women (PBFW) and HIV-exposed infants (HEI) face underreporting, limiting program visibility and accountability



Initial Impact of the PEPFAR Stop Work Order on VTP Services



Data sources: Kenya Health Information System. Retrieved May 11, 2025, from https://hiskenya.org, Early Infant Diagnosis (EID) Program. Retrieved May 11, 2025, from https://eid.nascop.org

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Current Mitigation Strategies

- Revert to paper-based documentation including patient files and registers
- Virtual mentorship and OJT on use of EMR
- Deployment of and facility-based training for health records information officers to support VTP reporting
- Provision of data bundles from health facility funds
- Development of standard operating procedures to streamline VTP data monitoring.



Looking Ahead: Longer term anticipated challenges and resiliency strategies

- Working on a standardized VTP integration package for uniformity
- Transition all EMRs to national data archives Optimize integration of VTP in MNCH services
- Absorption of partner staff to MOH
- Technical assistance from the VTP TWG to counties
- Development of VTP data visualization dashboards to improve decision making and facilitate monitoring of key performance indicators at national and county levels.
- The country is in the process of finalizing VTP top line indicators for monitoring at county and national levels.



Thank you.



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Country Presentation: Tanzania M&E of VTP Update

Mukome Nyamhagatta Head of Strategic Information PMTCT Programme, Tanzania



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Safeguarding Progress Sustaining M&E and Data Systems for Vertical Transmission Prevention in Tanzania Amid Global Health Threats

Dr. Mukome Nyamhagatta

MOH PMTCT Unit, United Republic of Tanzania





Background of VTP Services in Tanzania

VTP Monitoring and Reporting System in Tanzania

M&E VTP challenges in the current context

Current strategies to mitigate/stop the gap

Longer-term anticipated challenges and resiliency strategies



Background of VTP Services in Tanzania



- The VTP programme started in 2000 and currently, over 8000 health facilities provide VTP services in Reproductive and Child Health (RCH) settings
- The VTP Programme is operating under the Reproductive & Maternal Health section of the DRMCH
- Led by the National PMTCT Coordinator, responsible for overseeing the implementation of VTP activities nationwide



Funding Sources for VTP Monitoring and Reporting activities in Tanzania

• Main External Funders:

The United States Government (through PEPFAR) and The Global Fund are the two primary external financiers supporting the PMTCT programme in Tanzania.

 Impact of Partner Support: Health facilities supported by these partners consistently outperform non-partnersupported facilities across most PMTCT indicators, data quality and documentation.

PEPFAR Supported M&E Activities:

Healthcare worker training on M&E tools and practices
Supportive supervision to ensure consistence use of M&E protocols
Data quality support
Rigorous monitoring of data quality and documentation practices
Ensure availability of SOPs and IEC materials



VTP Monitoring and Reporting System in Tanzania



- The VTP programme monitoring system draws from **two** existing **government-owned** health information systems
- . The District Health Information Systems 2 (DHIS-2)
 - Primary Data source: Paper based registers and cards, e.g ART, ANC, HEI
 - Data entry: By government health providers
 - ✓ Additional input: Also receives aggregated data directly from CTC2
- 2. HIV Care and Treatment Clinic Database (CTC2)
 - Primary Data Source: paper-based ART card and HEI card
 - ✓ Data Entry: By data clerks funded by IPs through PEPFAR
 - Integrated with CTC3 Macro ,sample referral system and DHIS2



PMTCT Cascade Assessment (2024): Comparing Outcomes Between PEPFAR and Non-PEPFAR Supported Facilities

Data Documentation

Documentation in Mother-Infant register

- PBFW who had record in register
- **Higher in PEPFAR** supported facilities (74.2%) compared to non-supported (55.0%)

Documentation in HIV Exposed Infants (HEI) card

- Had an HEI card available for their baby
- **Higher in PEPFAR** supported facilities (57.3%) compared to non-supported (34.6%)

Documentation of Infants Prophylaxis

Documentation of ARV Prophylaxis at birth

 In non-PEPFAR supported sites, 11.7% of HEI lacked documentation of ARV prophylaxis at birth on their HEI card versus 6.1 % in PEPFARsupported sites

Documentation of Cotrimoxazole (CTX) Prophylaxis

- Documentation of receiving Prophylaxis
- In non-PEPFAR supported sites, 14.0% of HEI lacked documentation of CTX initiation on their HEI card versus 4.2% in PEPFAR-supported sites

EID Testing

A lower proportion
of HEI in non-PEPFAR
supported facilities
had 1st test at <2
months compared to
PEPFAR-supported
facilities (65.0% vs
80.4% in HEI card;
57.0% vs 85.6% MC
cohort)



Data Source : PMTCT Cascade Assessment in Tanzania , conducted 2024

PMTCT Cascade Assessment (2024): Comparing Outcomes Between PEPFAR and Non-PEPFAR Supported Facilities

ART Retention Among HIV-Positive Pregnant and Breastfeeding Women



• Retention was higher at PEPFAR-supported facilities than non-PEPFAR supported facilities



A higher proportion of women had all HVL results suppressed at <50 copies/µL at PEPFAR-supported facilities compared to non-PEPFAR supported facilities



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Data Source for all figs: PMTCT Cascade Assessment in Tanzania , conducted 2024

Initial Impact of the PEPFAR Stop Work Order on VTP Services: HIV test uptake at ANC1





Initial Impact of the PEPFAR Stop Work Order on VTP Services: ART coverage for PMTCT clients





M&E VTP challenges in the current context

Data Documentation and Reporting Challenges

Staffing Disruption: Temporary suspension of clinical and data clerks funded through PEPFAR implementing partners disrupted routine data processes.

Impact on Documentation: Incomplete recording of vital VTP data points in primary tools such as Care and Treatment Cards, HEI Cards, and Mother-Infant Registers.

Electronic Data Gaps: Lack of data entry into electronic systems led to missing updates of key VTP indicators in DHIS2 and CTC3 Macro.



M&E VTP challenges in the current context (Cont)

Decreased On-Site Support:

- Implementing partners halted/reduced their involvement in routine data documentation, analysis, and reporting at health facilities.
- Gaps in supportive supervision and performance monitoring compromised data quality and timely reporting.



Current Mitigation Strategies (1)

Sustained Data Systems Through Government Ownership/leadership

- MOH Data Governance: The Ministry of Health (PMTC unit) will continue to play a central role in data governance, ensuring alignment with national priorities on VTP.
- **Government-Led Approach:** All major data systems are government-owned and managed, this enabled uninterrupted **accessibility**.
- Lesson Learned: Following the USG stop-work order, Tanzania did not face challenges in accessing data due to full government ownership of M&E systems. The main glitches were data entry disruptions due to the absence of data clerks, and interruptions in the HIV Viral Load and Early Infant Diagnosis (EID) sample transportation system.

Adopting cost-effective approaches

- Hub-Based Training Model: Transition from centralized classroom training to hub-based approaches has significantly reduced logistical costs.
- Facility-Led Capacity Building: Some facilities are allocating internal resources to support their staff to attend training and workshops, demonstrating local ownership and sustainability.
- Local Printing of M&E Tools: Facilities are also covering the cost of printing M&E tools, ensuring continuity in data collection and reporting despite reduced external funding.



Current Mitigation Strategies (2)

Gradual shift to more sustainable, country-led models of M&E.

- New CTC Web-Based Database: The Ministry of Health is finalizing the launch of a web-based Care and Treatment Centre (CTC) database to reduce reliance on donor-supported data clerks.
- **Unified Community System Expansion**: The expansion of the digital Unified Community System allows healthcare providers to document all VTP data points in real time.
- Integration of electronic Sample Referral System (eSRS) with CTC2 Database and Unified Community System to fast-track DBS and HVL sample transportation to testing laboratories and report test results back.

• Expected Outcomes:

- \checkmark Reduced dependency on donor-funded personnel.
- ✓ Decreased provider burden in compiling reports.
- ✓ Enhanced data quality and system efficiency.
- Expected Challenge:
 - ✓ Securing resources for the maintenance and updating of databases and systems.



Looking Ahead: Longer-term anticipated challenges and resiliency strategies

Anticipated Challenges of M&E of VTP

- Sustainability of Funding Support
- Workforce Gaps and Retention
- Weak Community-Level Data Flow
- Limited Capacity for Data Use and Analytics

The country's long-term strategies to strengthen system resilience and adaptability

- Government-Led Ownership and Governance
- Digitization and System Integration
- Decentralized, Cost-Efficient Capacity Building
- Local Resource Mobilization
- Strengthening Supervision and Data Quality Audits
- Building Analytical Capacity



Thank you.



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Status and Challenges in Community Led Monitoring

Helen Irene Assistant National Secretary ASWHAN, Nigeria



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Community-Led Monitoring (CLM) for VTP in the face of threats to Global Health Funding

Engaging communities and ROCs in keeping the promise to VTP

Helen Irene Aphan

ASWHAN, Nigeria



Background :ASWHAN's Role in the VTP Intervention in Nigeria

- The Network of People Living with HIV in Nigeria (NEPWHAN) is the umbrella body that coordinates activities of persons living with HIV/AIDS in Nigeria and serve as a collective voice of PLHIV in Nigeria.
- The Association of Women Living with HIV in Nigeria (ASWHAN), established in 2004, is a constituent of NEPWHAN and focuses on the wellbeing of women and children living with and affected by HIV.
- ASWHAN coordinates support groups for women living with HIV across **all 36+1 states + 1**.
- Under the GC7 grant through IHVN, NEPWHAN is implementing the VTP intervention in all 36 + 1 states, with ASWHAN members serving as mentor mothers.
- **Over 3,000 mentor** mothers are delivering VTP services nationwide, aligned with the four prongs of PMTCT.
- ASWHAN is a member of the in-country committee of **Global Alliance for Ending AIDS** in Children by 2030.





Background: CLM Structure in Nigeria



Community-led monitoring (CLM) – a community-driven approach that empowers community members to systematically collect, analyze, and use data to improve service delivery and accountability.



Key Outcomes of CLM Implementation in Nigeria

Quarterly Review meeting with volunteers and Mentor mothers



Community sensitization for VTP



Enhanced documentation practices at health facilities

Revitalization of support groups within communities that has been instrumental in monitoring service delivery

Strengthened accountability mechanisms

Facilitated **identification and resolution of challenges** at both facility and individual levels

Improved confidentiality in service delivery

Uncovered issues related to **stockouts** and failures in the supply of **test kits and condoms**



State of CLM Following Funding Threat



Scaling Down of CLM Activities :

- NEPWHAN has partnered with PEPFAR and USAID-supported IPs to implement CLM, providing referrals and psychosocial support services.
- However, funding uncertainties have led to a scale-down of these efforts, resulting in a critical service gap.

CLM Advocacy and Stakeholder Engagement:

- Advocacy efforts have slowed due to limited availability of key stakeholders, particularly USG-supported partners.
- This has reduced momentum for high-level engagements and weakened NEPWHAN's ability to address systemic service delivery issues identified through CLM data.

Sustainability of Community Engagement:

- Activities such as town halls, scorecard validations, and interface meetings are becoming hard to maintain without steady funding.
- This threatens the long-term sustainability of the participatory monitoring model at the heart of CLM..



Now More Than Ever: Why CLM Must Be Sustained Amid Funding Threats - A Call to Action

1. It Amplifies the Voices of Marginalized Populations

CLM provides a structured platform for people living with HIV and key populations to speak out about barriers they face in accessing services, helping to address stigma, discrimination, and systemic neglect.

2. CLM Drives Data-Driven Advocacy and Reform

Through routine data collection and engagement, CLM generates real-time evidence that is critical for informing policy, advocacy, and resource allocation at local, state, and national levels.

3. CLM Strengthens Accountability in Health Systems

Community-Led Monitoring puts power in the hands of communities to identify gaps in service delivery, engage duty-bearers, and drive continuous quality improvement ensuring that health systems are responsive, equitable, and accountable.

4. It Enhances Service Quality and Client Satisfaction

CLM contributes directly to improved client experiences by highlighting service gaps such as stockouts, staff attitudes, confidentiality breaches, and wait times—enabling targeted interventions.

5. Sustaining CLM Protects Previous Investments and Progress

The progress achieved in addressing service delivery challenges, enhancing client trust, and closing equity gaps risks reversal if CLM activities are disrupted due to funding threats.

6. CLM Builds Trust Between Communities and Health Systems

Consistent and structured engagement through CLM fosters transparency and trust, which are essential for increasing uptake of services and achieving long-term health outcomes.



Thank you.



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Q&A Discussion







Moderator

Tabisa Silere-Maqutseba Country Representative PATA South Africa **Elvis Kirui** M&E Programme Officer NASCOP, Kenya





Mukome Nyamhagatta Head of SI PMTCT Programme, Tanzania Irene Helen Assistant National Secretary ASHWAN, Nigeria



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 June 19, 2025



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