



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Sustainability Plans for Vertical Transmission Prevention

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HIV
Impact Network for
Vertical Transmission
Elimination



Background

The number of new infections resulting from vertical transmission has declined from above 75,000 (30.7%) in 2002 to less than 10,000 (2.6%) in 2024.

The decline can be attributed to ART scale-up and provision of VTP services all through the continuum of care for mothers and their infants during antenatal, delivery and postnatal care

Clinic appointments for mothers and their infants exposed to HIV are scheduled to align with EPI, maternal ART, pre-exposure prophylaxis (PrEP) & sexual and reproductive health (SRH) services

Approximately 80% of all VTP clients are women with known HIV positive status already on ART who become pregnant:- They will continue to receive their HIV care services in MCH.

Specific table aligning to infant EPI schedule (RTHB)

Child and mother ART visits and mother's FP visits

Age group	Age of child	Routine visits as per RTHB	Dispensing cycle (DC)	ART Follow-up for baby	ART Follow-up for mother	Immunisations	Feeding advice	Growth monitoring	Development	Head circumference	Vit A	Deworming	Oral Health	TB Screen	Mother's Family planning (FP)
Neonate (birth PCR positive)	1 - 3 week	3-6 days postnatal visit for mother and baby	1	Follow up 1 week ART initiation, then 1-2 weekly thereafter	2 months ART provided at discharge from labour ward which will last mother until 6 week PN visit		x	x						x	x**
	4 weeks			Clinical review and renew script Switch to ABC/3TC/DTG if eligible. Give TCA date in 2 weeks to align with 6-week well-baby visit											
2-6 months (monthly follow-up)	6 weeks*	6 weeks	2*	Clinical review Repeat script for 1DC for baby*	Postnatal clinical review and adherence check-in. Provide breastfeeding support. Provide treatment for 3 DCs (3MMD) for mother	x	x	x						x	
	10 weeks	10 weeks	3	Clinical review Repeat script for 1DC for baby	If mother or baby not on ART, repeat clinical review and adherence check-in. Provide treatment for 3 DCs (3MMD) for mother		x	x						x	x
	14 weeks	14 weeks	4	Clinical review and VL Repeat script for 1DC for baby	Adherence check-in for mother. Provide breastfeeding support. Provide treatment for 3 DCs (3MMD) for mother	x	x	x	x	x				x	
	18 weeks	4 months	5	Clinical review and VL results review Repeat script for 1DC for baby			x	x						x	
	22 weeks	5 months	6	Clinical review Repeat script for 1DC for baby			x	x						x	
	26 weeks	6 months	7	Clinical review Renew script and provide treatment for 3DCs at a time (3MMD) If any concerns, follow up at shorter intervals	Clinical review and '6-month' VL. Provide breastfeeding support. Script for and provide treatment for 3DCs at a time (3MMD). Alternatively, if VL suppressed, offer RPCs options, if this suits the PCGs needs.	x	x	x	x		x			x	x

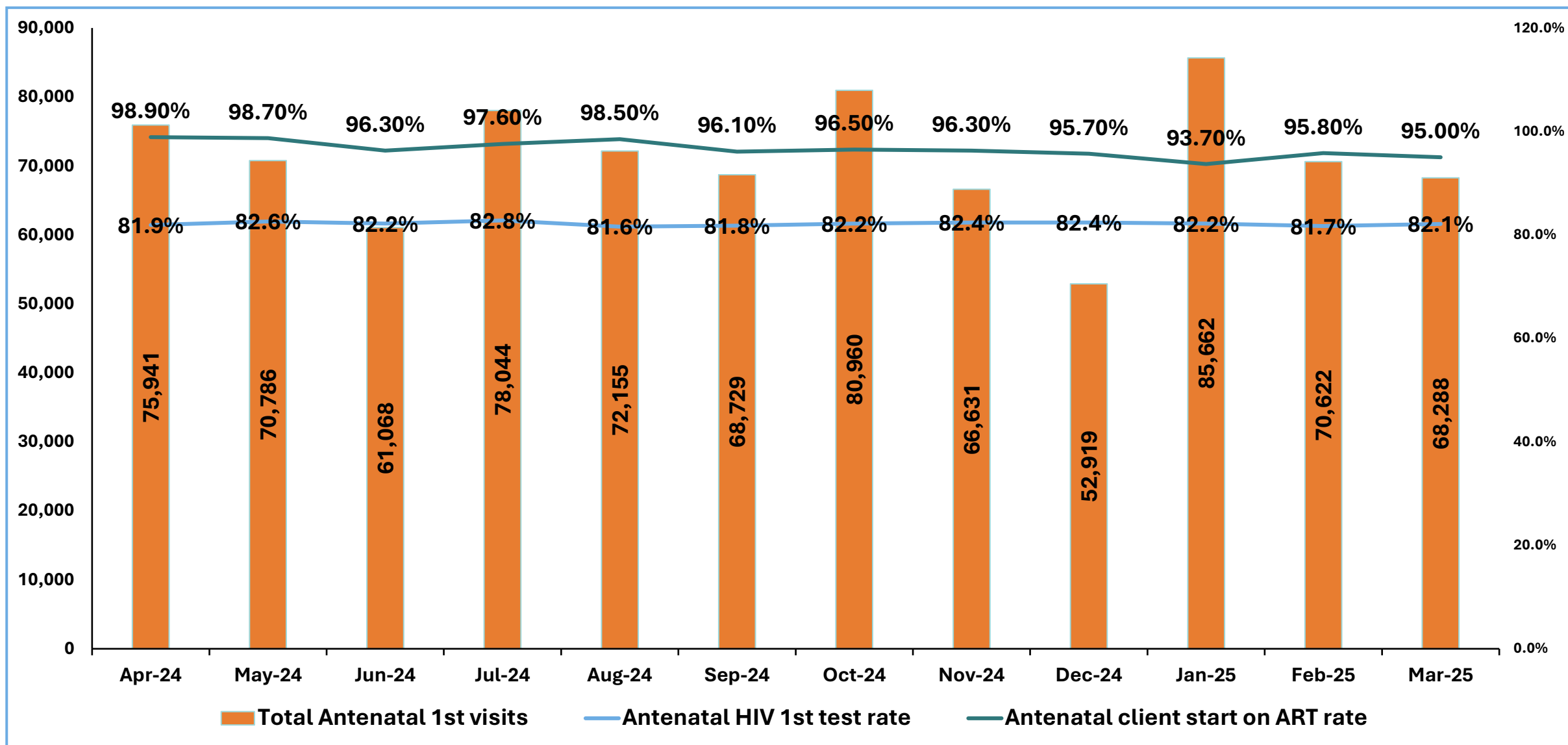
Same schedule

EPI

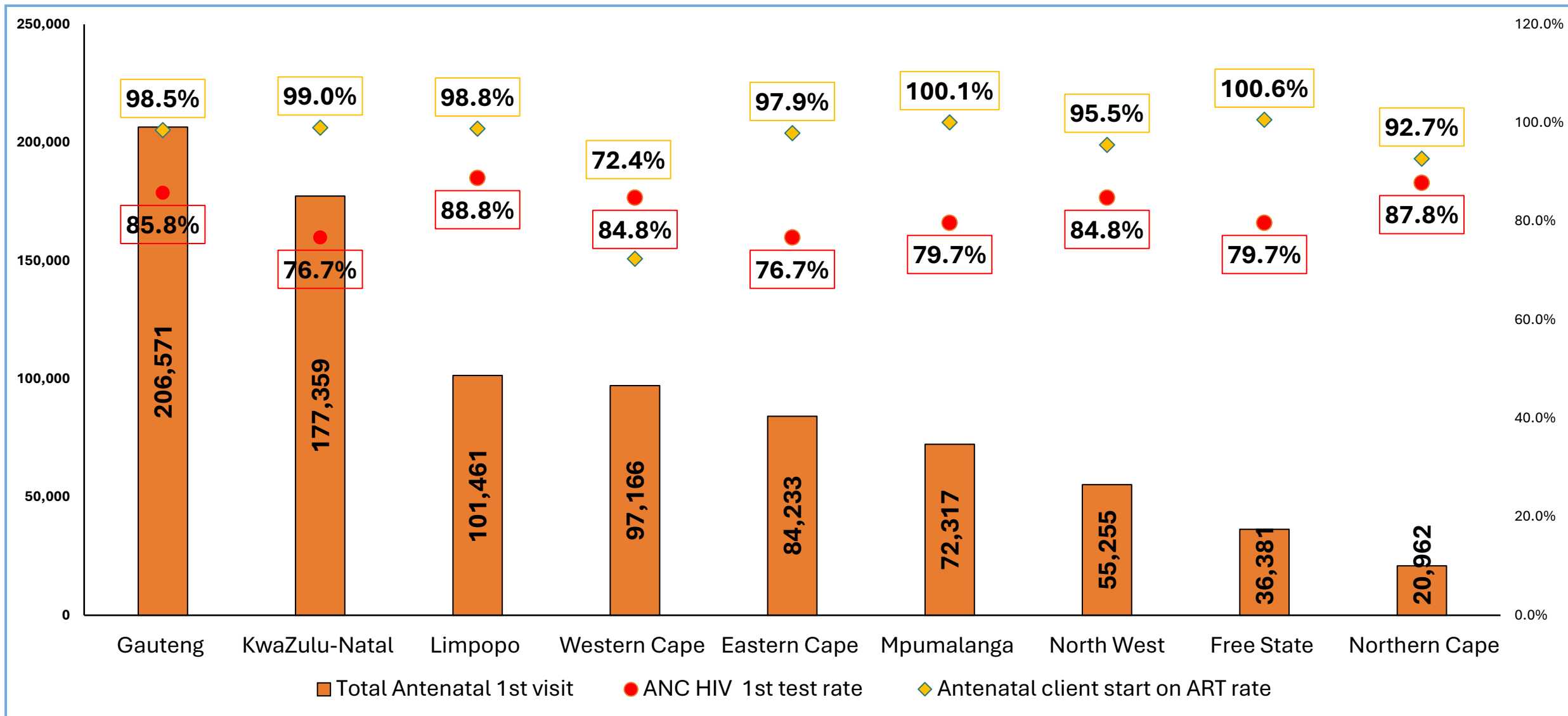
VTP Progress unshaken by the Stop Work Order

	VTP indicators	Jan - Mar 2024	Apr - Jun 2024	Jul - Sep 2024	Oct - Dec 2024	Jan - Mar 2025
Antenatal	Antenatal 1st visit coverage	74.1%	64.2%	66.7%	61.1%	69.9%
	Antenatal HIV 1st test rate	81%	82%	82%	82%	82%
	ART initiation rate at ANC	95.3%	98.1%	97.4%	96.2%	94.7%
	Antenatal known HIV positive but NOT on ART at 1st visit	1464	929	849	912	988
Infants	Infant PCR test at birth	49,761	50,722	46,818	43,609	44,929
	Infant 1st PCR test at birth uptake rate	101.7%	100.2%	99.5%	99.9%	101.5%
	Infant PCR test positive at birth	239	181	120	161	181
	Infant 1st PCR test positive at birth rate	0.5%	0.4%	0.3%	0.4%	0.4%

ANC 1st visit vs ANC HIV 1st test & ART initiation



ANC 1st visit vs ANC HIV 1st test and ART initiation by province in the last FY(Apr 2024-Mar 2025)



Impacts on funding changes on VTP services

The country did not experience a huge impact since VTP services are provided as part of maternal, child and women's health (MCWH) service delivery stream of work.

Modest impact was experienced in the following areas:-

- Reduction in the number of mentor mothers in Mpumalanga province
- Community-based programs that track and trace PBW which compliments facility follow up.
- Research and data analytics support.
- Data capture into the DHIS due to disengagement of data clerks

Routine services may be slightly affected because of increased workload to NDOH staff in facilities that were previously supported by PEPFAR.

- Helplines and access to expert advice for managing all complicated clinical case including VTP as the National helpline was run with support from PEPFAR
- Mentorship

Long-term sustainability plans



VTP services are integrated fully in the MCWH services delivery



Integration with “The close the gap” campaign is ongoing to ensure implementation of Global Alliance Plan in finding missing mothers ,children and adolescents



Developed Global Alliance on Ending AIDS in Children multi sectoral Nerve Center for coordination of VTP services co chaired by the Maternal Child and Women’s Health unit (MCWH).



HIVE subnational CMM implementation to learn lessons on VTP system strengthening and scale these up to other provinces.



VTP programme is also funded by the conditional grant through the SA treasury



All 9 provinces have VTP managers and work together with MCWH and HIV/AIDS, STIs and TB (HAST) managers through support from the national team

Thank You!



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HIVE Strategic Planning Meeting | June 13, 2025 – Johannesburg, South Africa