

# From Risk to Results: Strengthening VTP Cascade for Mothers and Infants in South Africa

Kulani Khosa

National Department of Health, South Africa

Advancing HIV Prevention and PrEP  
for Pregnant and Breastfeeding Women

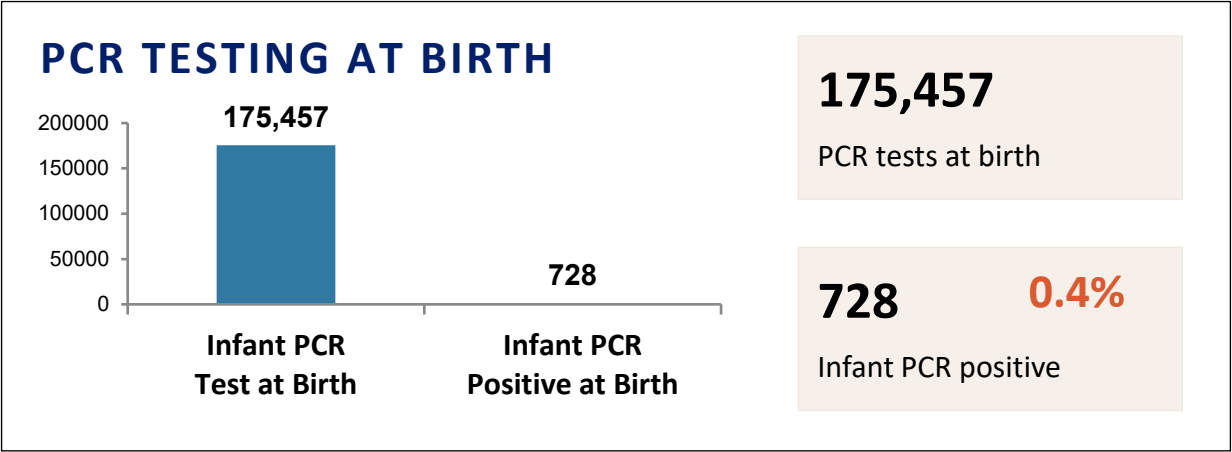
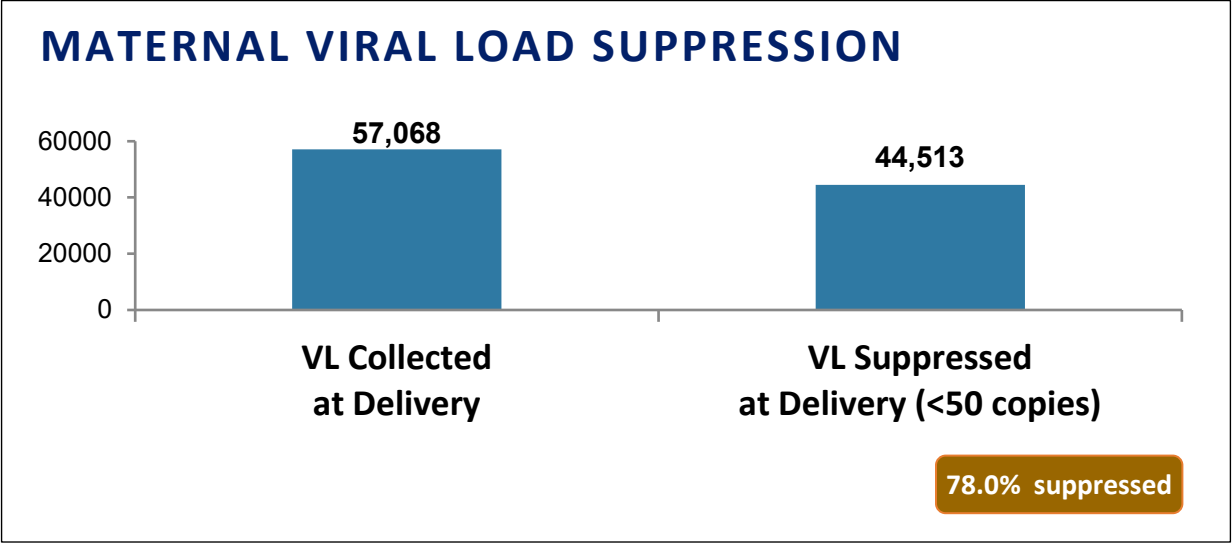
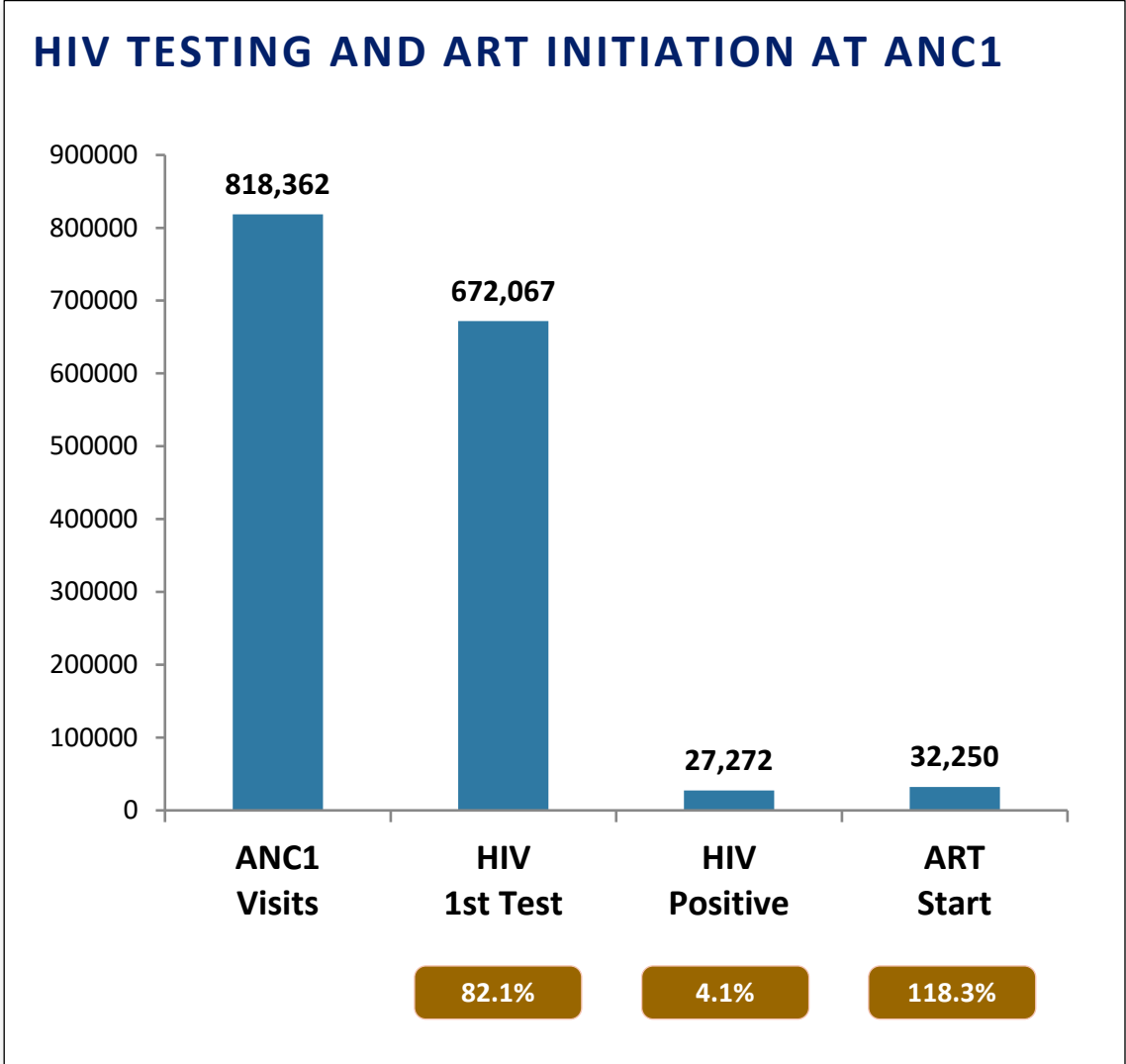
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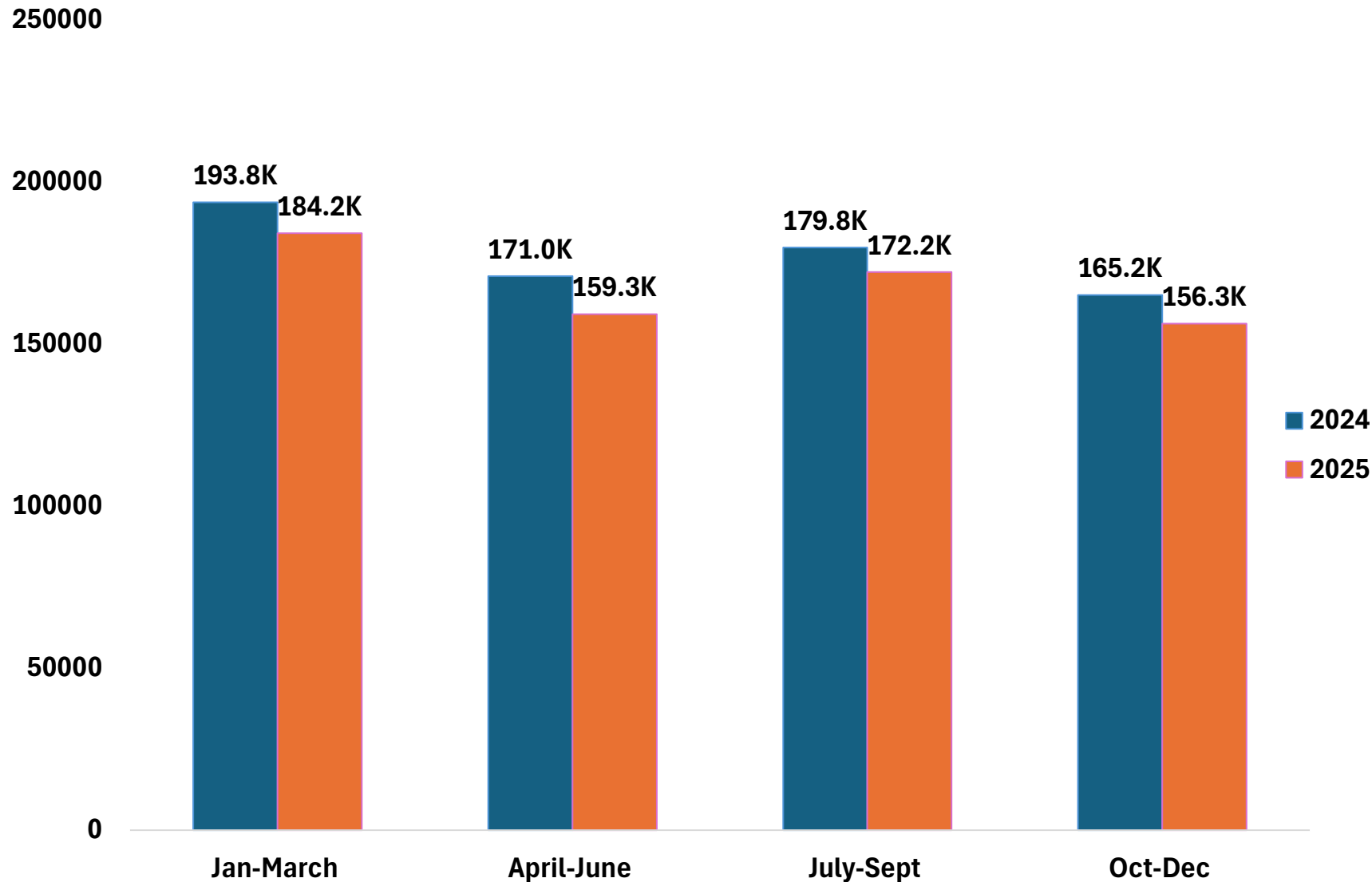
**HIV**  
Impact Network for  
Vertical Transmission  
Elimination



# Vertical Transmission Cascade 2025



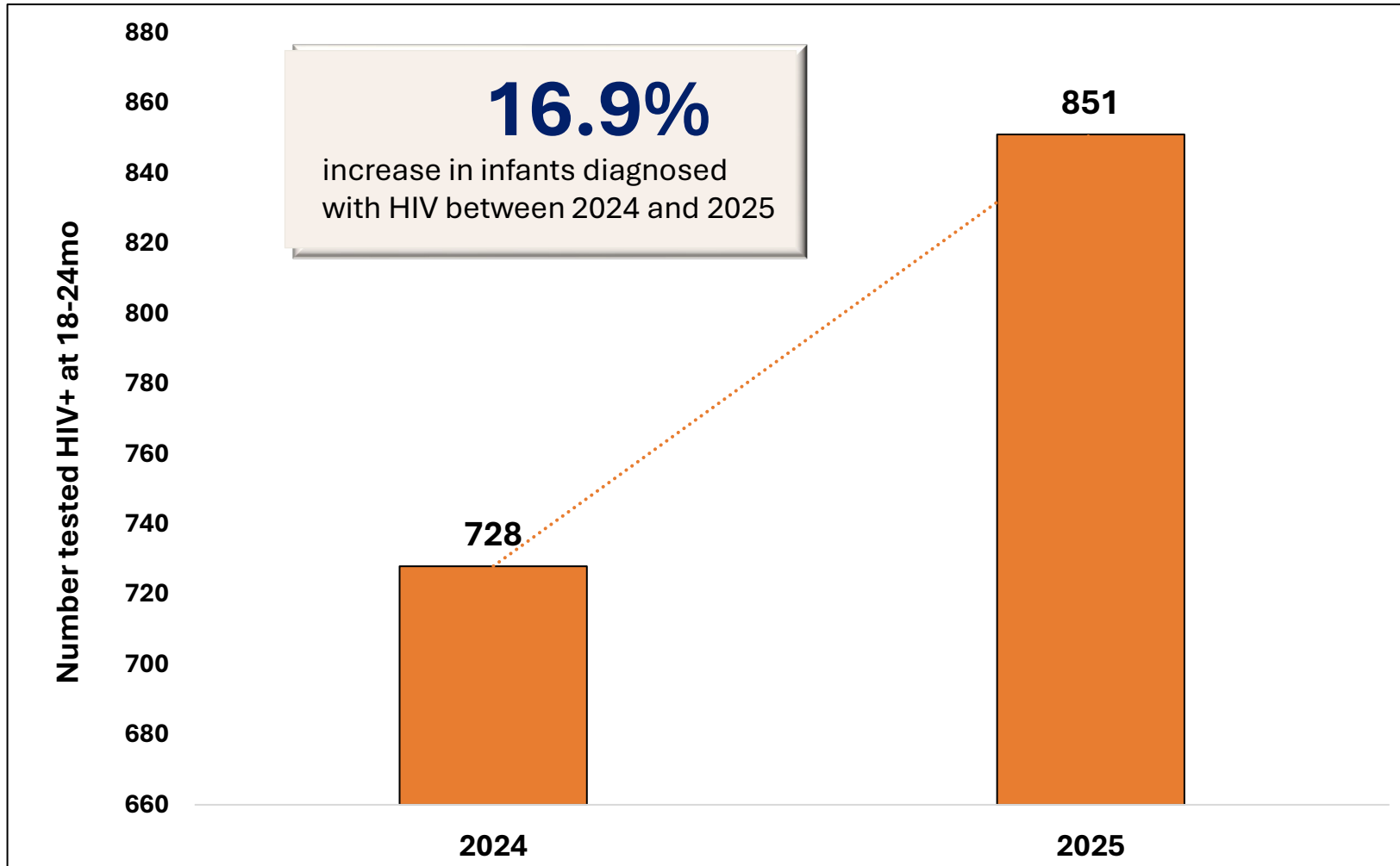
# HIV Testing at ANC1 held steady between 2024 and 2025



## What is driving the performance

- ✓ Routine HIV test to every pregnant women at first ANC booking and ART initiation of women of childbearing potential before they are pregnant

# More than 15% increase in infants diagnosed with HIV, 2025 vs 2024



## What are the root causes?

- Poor integration of Child health and VTP services
- Poor implementation of VTP guidelines data reporting and discrepancies
- Maternal seroconversion during the breastfeeding period

## What are the corrective actions being taken?

- Integration of EPI and HIV services
- Routine provision of PrEP to PBFW
- Policy directive to implement Universal HIV testing of all children at 18-24 months regardless of the HIV exposure

# Update to Perinatal Guidelines

## Review infant prophylaxis recommendations in light of WHO 2025 guidelines

- ✓ SA is using the universal dual prophylaxis (AZT & NVP) for all infants given at birth and adjusted at the 3-6 days postnatal visit, according to the infant's risk profile and the maternal delivery viral load results (<50 copies/ml)

## Challenges anticipated

- ✓ Stock outs
  - ✓ AZT syrup, stock levels are managed and monitored through the Stock Visibility System (SVS), and the rotation of stock within facilities

## Prophylaxis for the HIV-exposed infant at birth Algorithm

	Maternal Delivery VL *	Classification	Prophylaxis	Comment
Reclassify risk profile	Delivery VL < 50 copies/mL regardless of feeding choice	Low risk	Change to low-risk prophylaxis <ul style="list-style-type: none"> <li>• Stop AZT</li> <li>• NVP daily for six weeks.</li> </ul>	<ul style="list-style-type: none"> <li>• Affirm and encourage good adherence.</li> <li>• Repeat maternal VL 6 monthly during breastfeeding.</li> <li>• Do all routine HIV tests for HIV-exposed infants as indicated on <i>"HIV Testing For The HIV-Exposed Infant"</i> on page 27.</li> </ul>
	Delivery VL ≥ 50 copies/mL in a breastfeeding mother**	Higher risk	Continue dual prophylaxis: <ul style="list-style-type: none"> <li>• AZT twice daily for six weeks.</li> <li>• NVP daily for a minimum of 12 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>• Do an ABCDE assessment and intervention as a matter of urgency to achieve a suppressed VL in the mother as soon as possible. Follow the <i>"VL Non-Suppression Algorithm"</i> on page 22.</li> <li>• Stop infant NVP only after confirmation of maternal VL being less than 50 c/mL, or until four weeks after cessation of all breastfeeding.</li> <li>• Do all routine HIV tests for HIV-exposed infants as indicated on <i>"HIV Testing For The HIV-Exposed Infant"</i> on page 27.</li> </ul>
	Delivery VL ≥ 50 copies/mL in a mother who is exclusively formula-feeding her infant from birth	Higher risk	Continue dual prophylaxis: <ul style="list-style-type: none"> <li>• AZT twice daily for six weeks.</li> <li>• NVP daily for six weeks.</li> </ul>	<ul style="list-style-type: none"> <li>• Do an ABCDE assessment and intervention as a matter of urgency to achieve a suppressed VL in the mother as soon as possible. Follow the <i>"VL Non-Suppression Algorithm"</i> on page 22.</li> <li>• Do all routine HIV tests for HIV-exposed infants as indicated on <i>"HIV Testing For The HIV-Exposed Infant"</i> on page 27.</li> </ul>
	Birth PCR positive	HIV infected	Stop any NVP and AZT prophylaxis. Initiate ART. Confirm the positive result with a 2nd PCR on a new sample. Start cotrimoxazole prophylaxis therapy (CPT) at 6 weeks of age.	

# Priority Actions

- **VTP program focus for this year**

- ✓ Dissemination and implementation of the first 1000 days mother-infant pair (MIP) package/roadmap
- ✓ Path to Triple Elimination of HIV, Syphilis & Hepatitis validation process (Bronze or Silver application)
- ✓ Capacity building of health care providers on the revised guidelines
- ✓ Lay counsellors training for rapid dual HIV/Syphilis test kits
- ✓ Monitoring of pregnancy outcomes through the Birth Defects Surveillance System and the Pregnancy Exposure Registry

- **Support needed from HIVE and global stakeholders**

- ✓ Birth Defects Surveillance and/or Pregnancy Exposure Registry for PBFW on PrEP to determine birth defects
- ✓ Support for VTP community services
- ✓ AI innovations on treatment adherence for young mothers, health education, and social media marketing
- ✓ M&E support on data collection and reporting (community)