Rising to the challenge: Enhancing efforts to eliminate vertical transmission of HIV, syphilis and hepatitis B

The triple elimination agenda: Optimizing systems for the elimination of paediatric HIV, syphilis, and hepatitis B

World Health Organization

African Region

African landscape of paediatric HIV, syphilis and hepatitis B

Dr. Akudo Ikpeazu

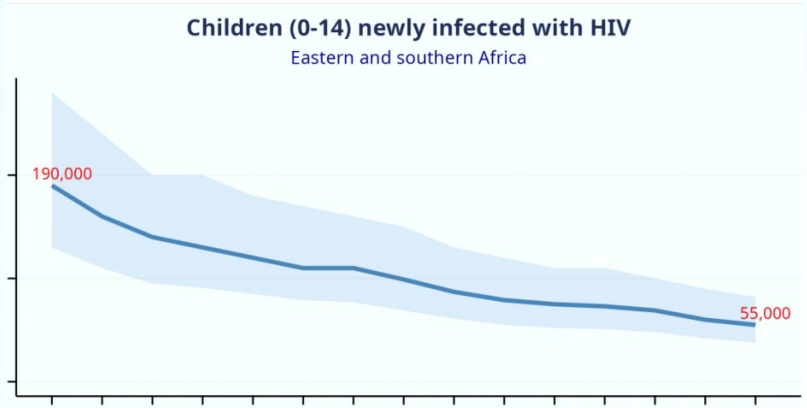
HIV, Tuberculosis, Hepatitis & STIs Programme

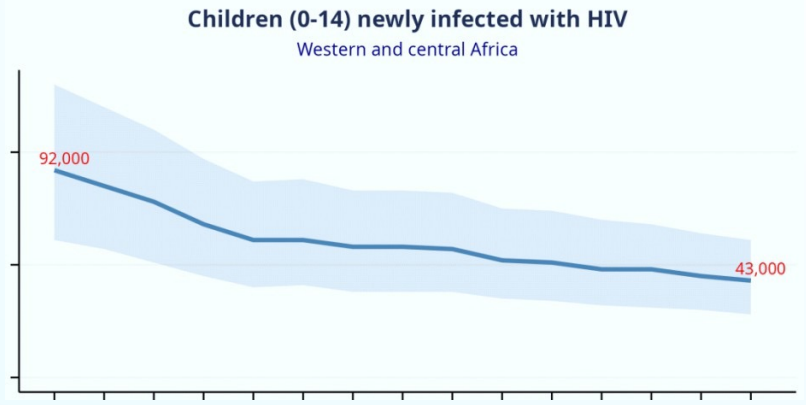
WHO Regional Office for Africa, Brazzaville, Congo.

Epidemiological trends

World Health Organization
African Region

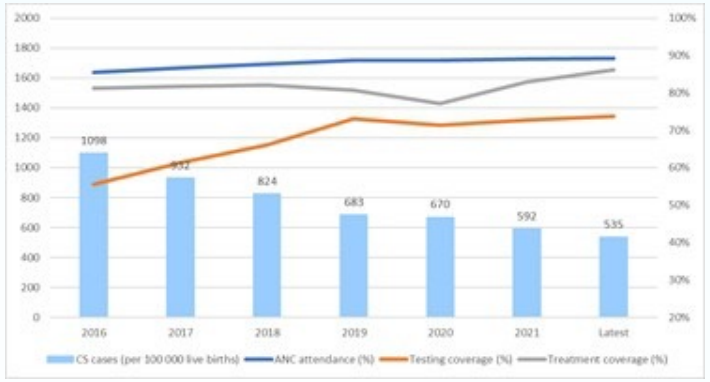
Number of people



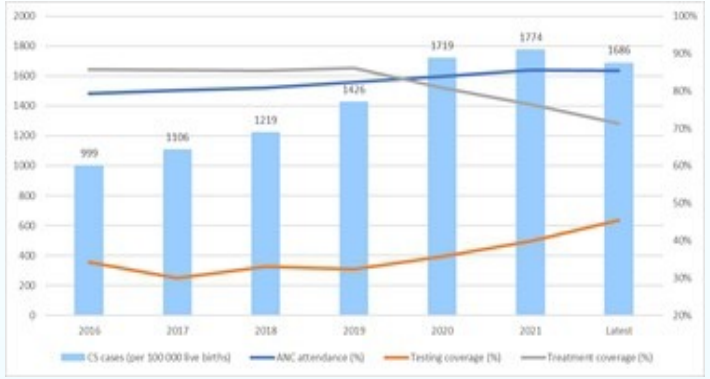


Pediatric HIV: Progress slowing

Eastern and Southern Africa



Western and Central Africa



Congenital syphilis: Re-emerging threat

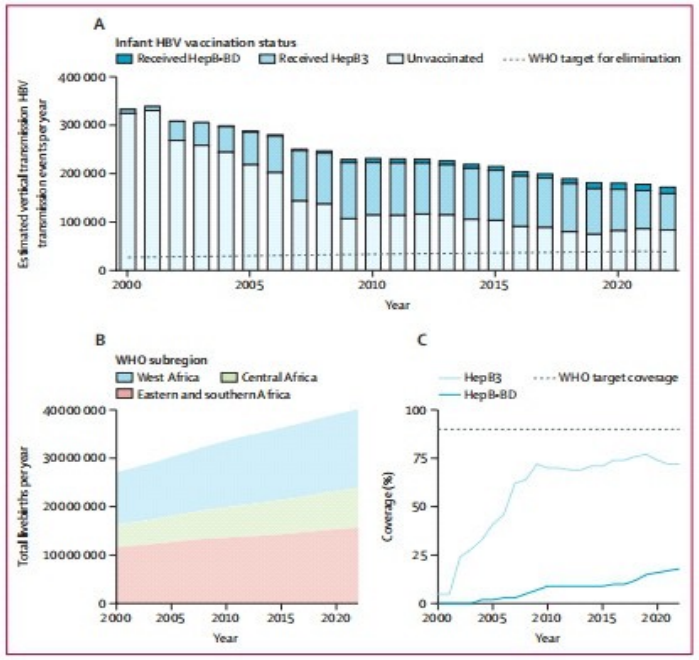


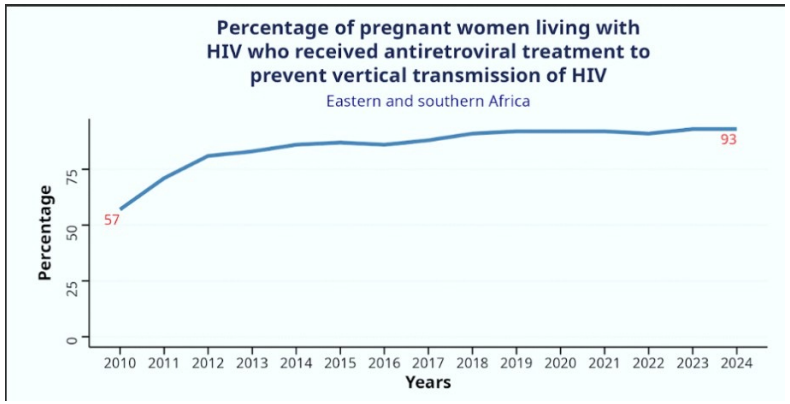
Figure 4: Change in HBV vertical transmission events in the WHO African region in 2000–22

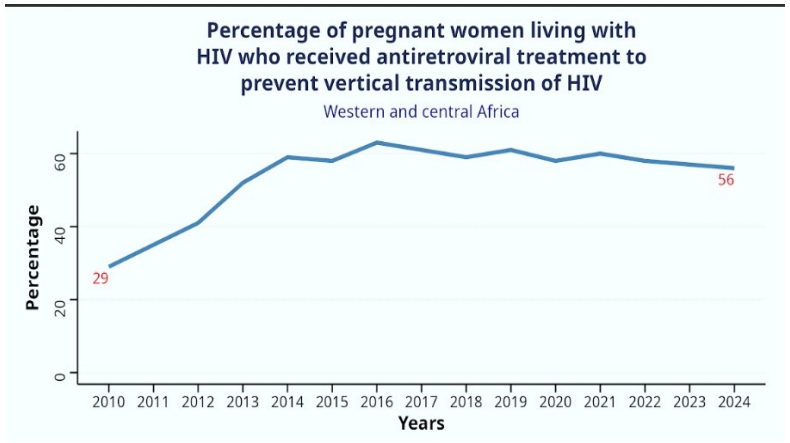
Vertical transmission of hepatitis B virus in the WHO African region: a systematic review and meta-analysis

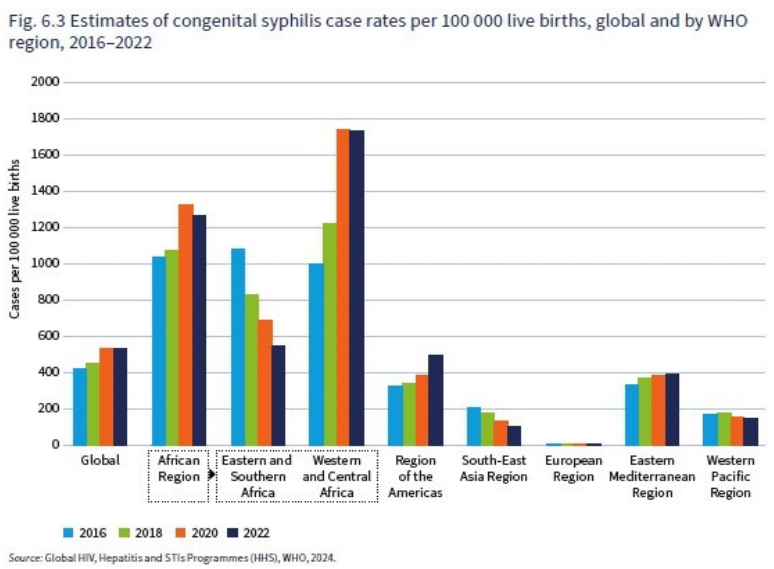
Nicholas Riches, Marc Y R Henrion, Peter MacPherson, Camilla Hahn, Rabson Kachala, Thomas Mitchell, Daniel Murray, Wongani Mzumara, Owen Nkoka, Alison J Price, Jennifer Riches, Aoife Seery, Noel Thom, Anne Loarec, Maud Lemoine, Gibril Ndow, Yusuke Shimakawa, Peyton Thompson, Camille Morgan, Shalini Desai, Philippa Easterbrook, Alexander J Stockdale

Hepatitis B: The silent epidemic

Progress and opportunies

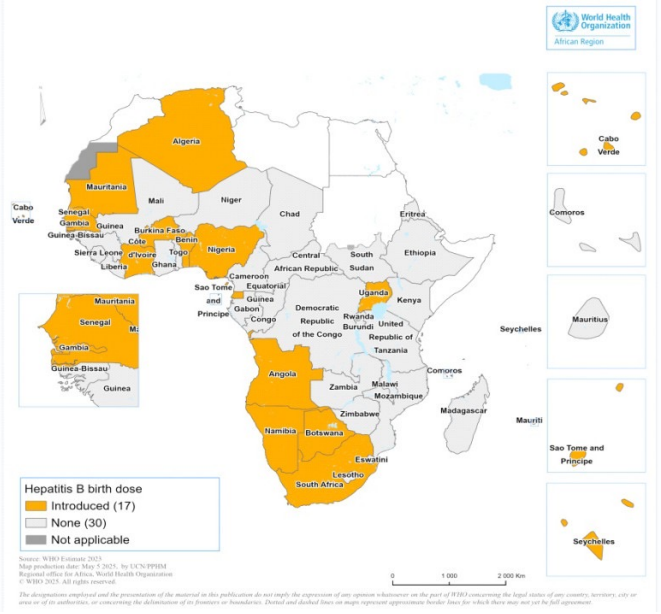






Around 700 000 cases of congenital syphilis globally

- Largest burden in Western and Central Africa
- Downward trends in SE Asia, Eastern and Southern Africa



- **Low Hepatitis B birth dose vaccination (18%), with only 17 countries providing it as part of routine immunization**

Opportunities and potential game changers

Recommendation [NEW]
Long-acting injectable lenacapavir should be offered as an additional prevention choice for people at risk of HIV, as part of combination prevention approaches. (strong recommendation, moderate to high certainty of evidence)

Impact on outcomes
Expanded options for HIV prevention

WHO prequalifies the first triple diagnostic test
NEWS 11 July, 2025 - 15:05 (CEST)
ANNOUNCEMENT

Impact on outcomes
One visit, one test, three results (HIV, Syphilis, Hepatitis B)

Novel diagnostic tests
Syphilis (congenital infection; active disease)

Impact on outcomes
Reduce number of new cases of syphilis, gonorrhoea and chlamydia
Reduce rate of congenital syphilis

Novel treatment options
New drugs and administration routes for syphilis

Impact on outcomes
Reduce number of new cases of syphilis Reduce rate of congenital syphilis

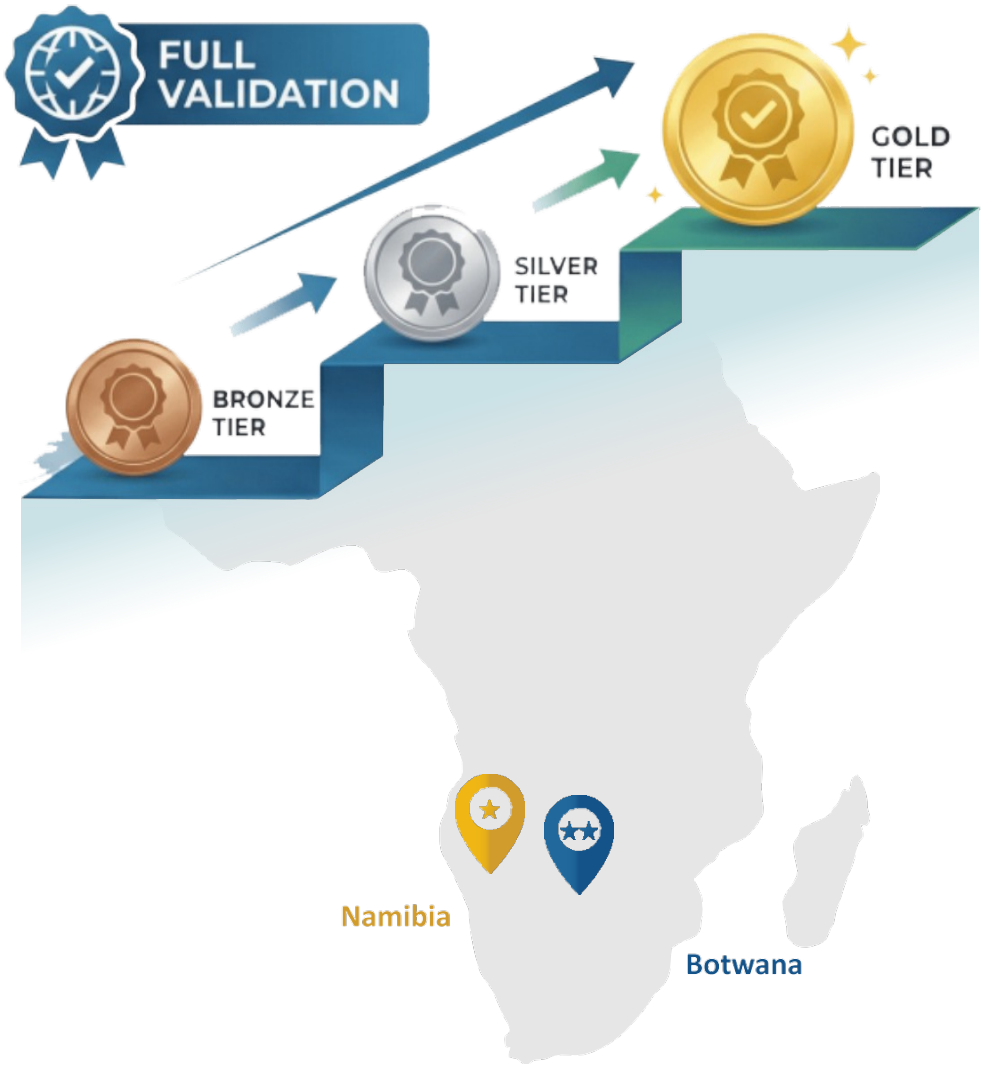
Gavi support for Hepatitis B birth dose vaccination
Vaccine procurement and associated supplies
Vaccine iintroduction grants (VIG)
Technical assistance adn application development

Impact on outcomes
Improved coverage of Hepatitis B birth dose vaccination

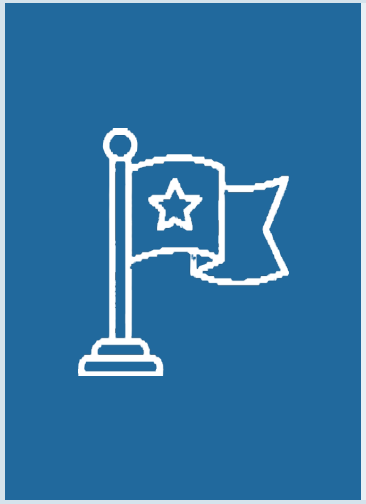
Regional validation milestones

Path to Elimination (Gold Tier):
Botswana (2025) - First high-burden country to reach Gold status for HIV

Path to Elimination (Silver/Bronze):
Namibia (Silver for HBV, Bronze for HIV).

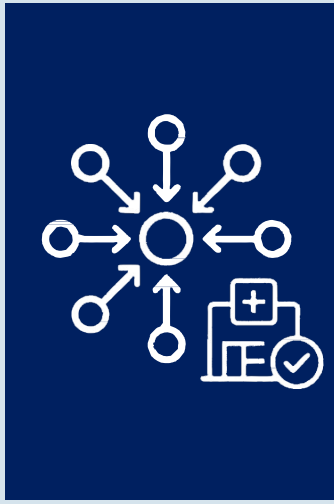


Lessons from Success: Validated Countries



Political Commitment

Sustained government leadership and domestic financing (e.g., Botswana).



Integrated Service Delivery

“One-stop shop" for ANC, HIV, Syphilis, and HBV testing (e.g., Namibia).

Robust Data Systems

Real-time monitoring

Community Engagement

Community Engagement
Strong civil society involvement and peer support networks.

World Health Organization
African Region

Optimizing systems: A path to elimination

Framework for the Implementation of Triple Elimination of mother to child transmission of HIV, syphilis and HBV

Pillar	01 Primary Prevention of Vertical Transmission	02 SRH Linkages and Integration	03 Essential Maternal EMTCT Services	04 Infant, Child and Partner Services
	Testing, case finding and primary prevention of HIV, HBV or syphilis infection in non-pregnant, pregnant and breastfeeding women and girls of childbearing age.	Appropriate counselling, care and support and linkages for SRH services for women and girls living with HIV or HBV or sero-positive for syphilis to (i) assess fertility intentions and support pregnancy planning and prevention and (ii) prevent, diagnose and treat STIs.	Appropriate maternal testing, prophylaxis and treatment for pregnant and breastfeeding women and girls living with HIV or HBV or sero-positive for syphilis for prevention of transmission to infants.	Timely testing, prevention, treatment, care and support for exposed infants, infected children, household contacts and partners of women and girls seropositive for HIV, HBV or syphilis.
Target populations	Non-pregnant, pregnant and breastfeeding women and girls of childbearing age.	Women and girls living with HIV or HBV or sero-positive for syphilis.	Pregnant and breastfeeding women and girls living with HIV, HBV or sero-positive for syphilis.	Exposed infants, infected infants and children, household contacts and partners of women and girls living with HIV, HBV or sero-positive for syphilis.
Essential services	· Routine offer of testing services for HIV, HBV and syphilis, including partner services · Care and treatment for HIV, HBV and syphilis or linkage to care and treatment · PrEP for HIV-negative women and girls at increased or continued risk of infection; PEP for exposure to HIV · HBV vaccination, as appropriate · Condoms · Linkage to or referral for SRH services	· Contraception, family planning and condoms · Prevention, testing and linkage to care for HIV, HBV and syphilis among people seropositive for one condition · Prevention, screening and treatment for other STIs, with linkage to appropriate care · Counselling, education and support for healthy living and minimizing infection transmission	· Early antenatal testing for HIV, HBV and syphilis; catch-up testing where needed · Third trimester and postnatal re-testing for HIV and linkage to care where indicated · Treatment initiation and linkage to appropriate prevention, care and other clinical and support services · Immediate lifelong treatment for HIV · Adequate treatment for syphilis · HBV prophylaxis or treatment where eligible · Routine postpartum care and linkage to SRH services	· Testing services for neonates and infants exposed to HIV, HBV and syphilis · HIV testing services for children past exposure period · Universal birth dose of HBV vaccine · 3-dose infant HBV vaccination series · Postnatal HIV prophylaxis · Follow-up, treatment and care for infants with HIV and congenital syphilis · Routine postnatal pediatric care · Partner and household testing and prevention, including HBV vaccination, treatment where required and care for HIV, HBV and syphilis · Partner and household HBV vaccination
Crossing-cutting implementation considerations	Health system strengthening to better provide effective person-centred care Strategic information gathering and analysis Leadership, community engagement, partnerships and cross-programmatic coordination Identifying and addressing barriers			

HBV = hepatitis B virus / **HIV** = human immunodeficiency virus / **PEP** = postexposure prophylaxis / **PrEP** = pre-exposure prophylaxis / SRH = sexual and reproductive health / **STIs** = sexually transmitted infections

Foundational requirements for EMTCT validation

Data Quality Assessement
- Service delivery and outcome data
- Functionality of information systems
- Population level estimates

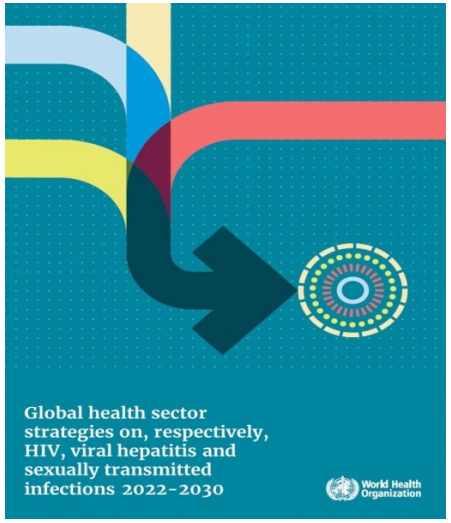
Laboratory Quality Assessment
- Quality management systems
- Testing algorithms and quliaty fo tests and testing
- Participate and report on EQA programme

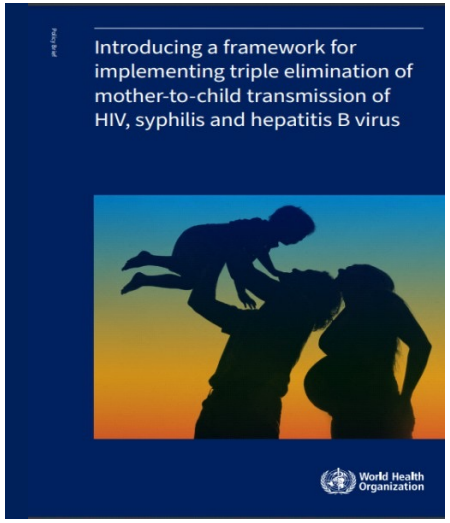
Programme assessment
- National policies, plans, guidelines and protocols
- Evidence of services in both public and private sectors
- Review of low performing administrative units and coverage of relevant sub-populations

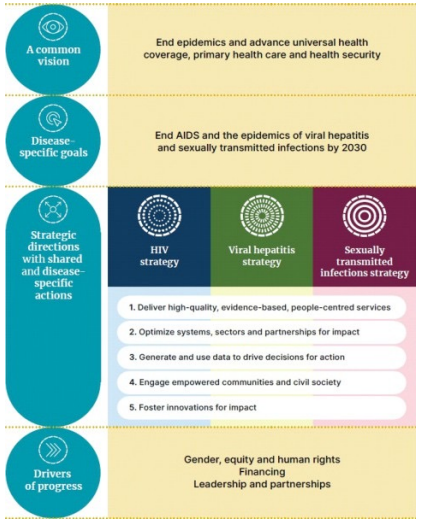
Human rights, gender equality and community engagment assessments
- Review of laws, policies and reports
- Independent consultations with women living with HIV (new Hepatitis)
- Multistakeholder consultation and facilitated dialogue

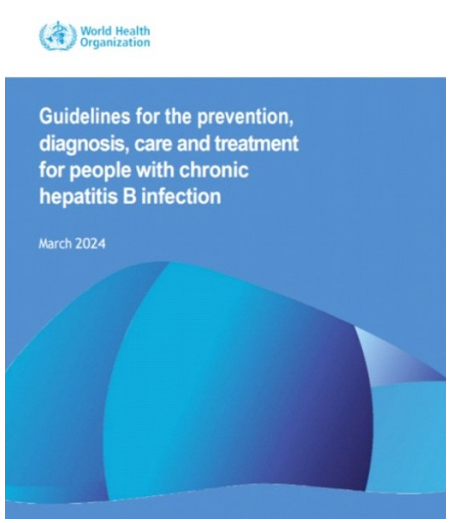
World Health Organization
African Region

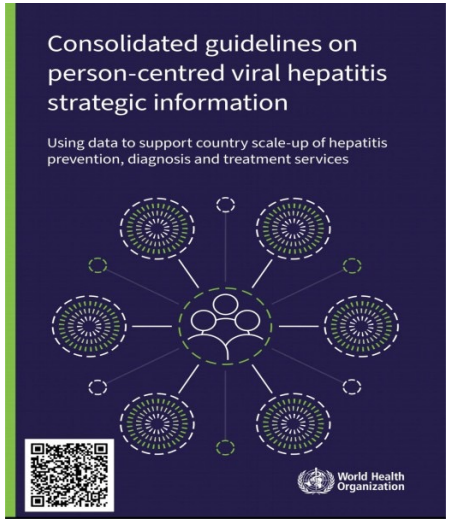
Guidance »

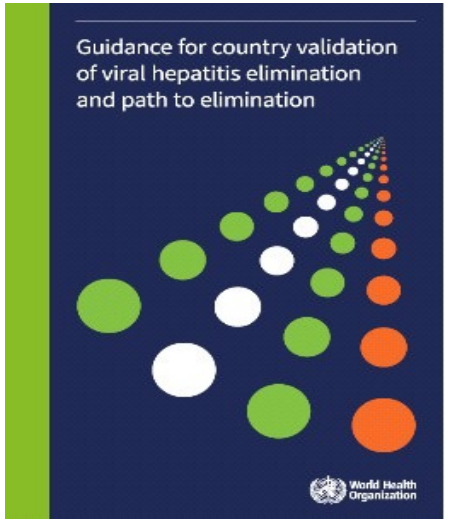


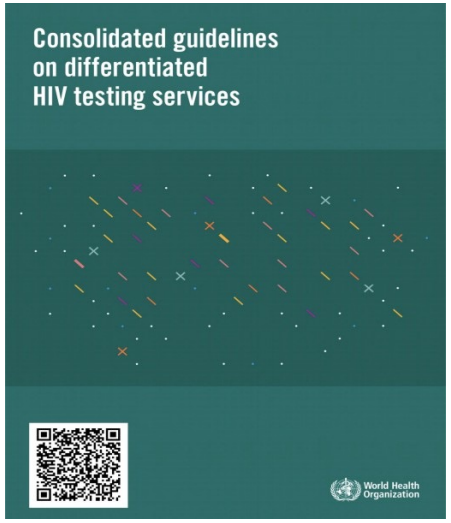












Upcoming WHO Session

World Health Organization
African Region

EVENT: **Triple Elimination of Mother to Child Transmission of HIV, Hepatitis and Syphilis: Paths to Success**

DATE: **Saturday December 6,**
TIME: **11:55am - 12:40pm**

December
2025

SESSION HIGHLIGHTS

- Focus on the regional initiative for triple elimination of mother-to-child transmission of HIV, syphilis, and hepatitis B.
-
- Provide a platform for countries to share their experiences, lessons learned, and challenges in thein the validation process, fostering cross-country learning and collaboration.

World Health Organization

African Region

Thank you

ICASA 2025 Conference, 3 Dec. 2025

Adapting and operationalising the Last mile to EMTCT Framework: Lessons from Kenya

Dr. Ider Dungerdorj
Senior HIV Specialist
UNICEF, ESARO

unicef
for every child

23RD ICASA
INTERNATIONAL CONFERENCE ON AIDS AND STIs IN AFRICA
3 - 8 DECEMBER 2025

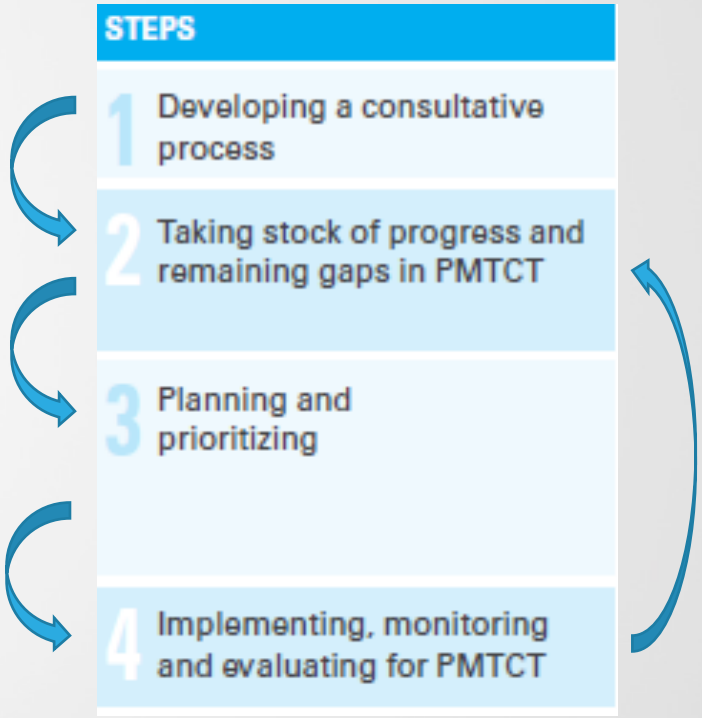
The Last Mile Framework: Background information

https://www.childrenandaids.org/documents/going-last-mile-emtct

- Tremendous gains have been made globally in EMTCT programming since 2010
- Need to be smarter and more tactical to finish to reach the EMTCT goal successfully
- Reaching higher coverage rates requires to intensify efforts, to tackle systemic issues and utilize more granular data in decision making
- The Last Mile (LM) framework launched in 2021
- Operationalization tools developed in collaboration with the University of North Carolina
- Builds upon and supports numerous frameworks and campaigns)

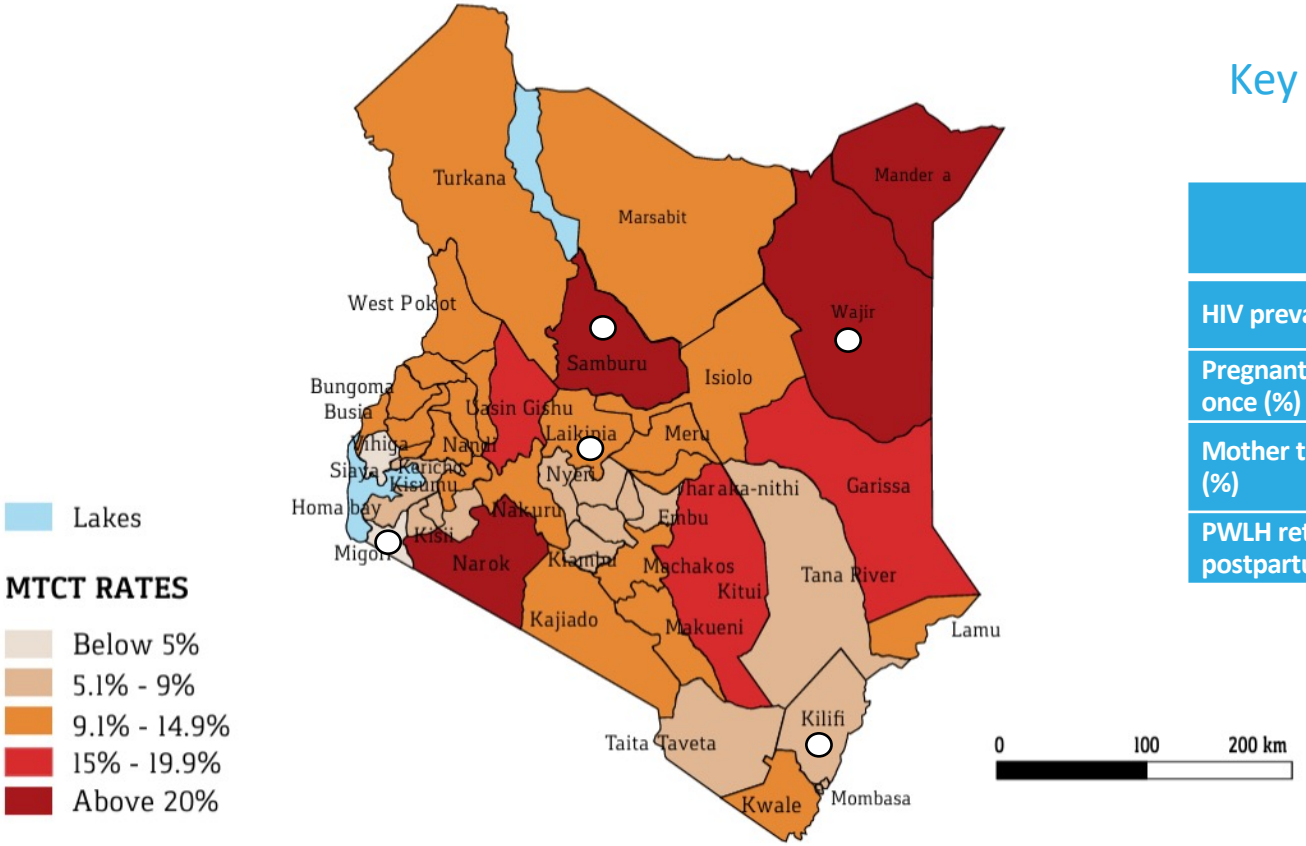
The Last Mile Framework: Scope, Guiding principles and Steps

- **Scope:**
  - Intends to be used as a roadmap to systematically review and sharpen the EMTCT programmes
  - It is not indented to be prescriptive, but supports the facilitation of discussions towards achieving EMTCT programme goals
  - It is highly local in practice and allows national programmes to address local priority areas
- **Guiding principles:**
  - Consultative process led by Government and Integrated into ongoing mechanism and activities
  - Data driven cyclic process using a tailored approach
  - Programming at different levels (national, sub-national, facility)



Kenya experience in operationalizing the LM framework (2022-2025)

Sub-national (HIV) vertical transmission rates, Kenya



Key HIV stats in pilot counties of Kenya, NSDCC, 2023

Indicator	Migori	Laikipia	Kilifi	Wajir	Samburu
HIV prevalence (%)	9.7%	2.1%	2.3%	0.1%	4.3%
Pregnant women tested for HIV at least once (%)	89%	84%	76%	41%	63%
Mother to child transmission (MTCT) rate (%)	5.0%	10.8%	8.3%	29.6%	20.3%
PWLH retained on ART six months postpartum (%)	78%	85%	82%	61%	68%

https://analytics.nsdcc.go.ke/estimates/.

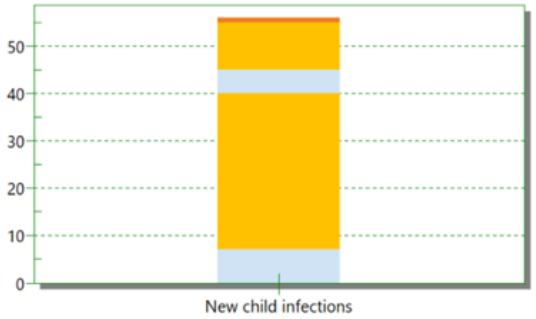
Steps in operationalizing the LM framework in counties

STEPS	ACTIVITIES
1 Developing a consultative process	• Multi-disciplinary county team formed • Toolkits validated
2 Taking stock of progress and remaining gaps in EMTCT	• Missed opportunity analysis using data conducted • Contextualized gaps at county level
3 Planning and prioritizing	• Priority factors and interventions articulated • Tailored county-specific interventions developed
4 Implementing, monitoring and evaluating for EMTCT	• Strategies and monitor interventions disseminated • Implementation and M&E plans developed and implemented

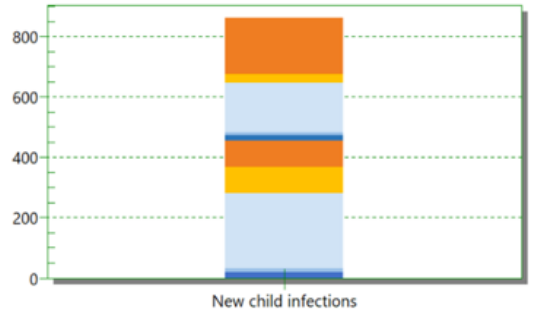
Step 2. Missed opportunity analysis: tool used and results

Stacked bar charts, by province (county), 2019, UNAIDS

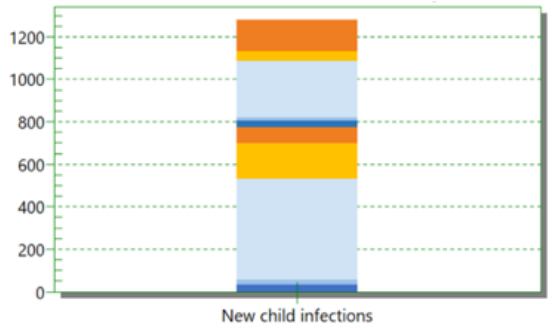
North Eastern province (Wajir)



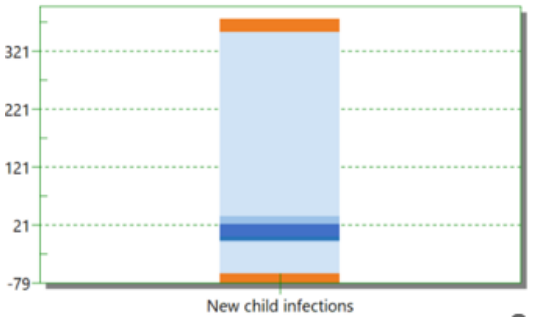
Rift Valley Province (Laikipia and Samburu)

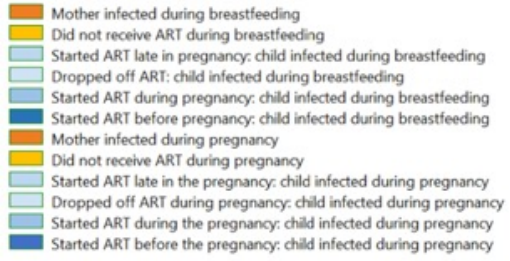


Nyanza Province (Migori)



Cost Province (Kilifi)

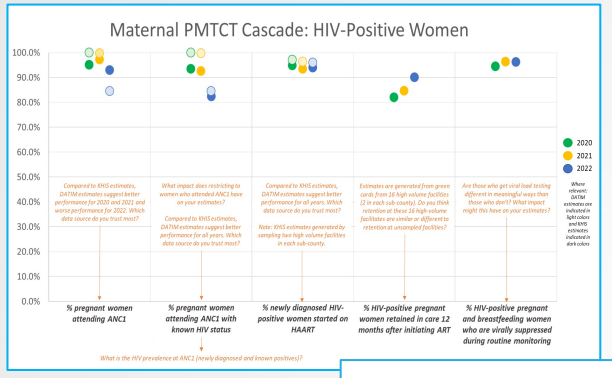


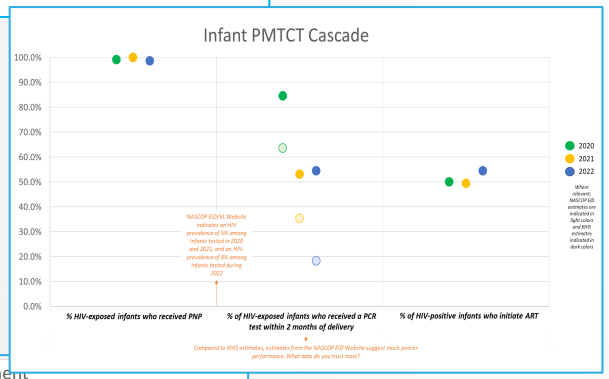


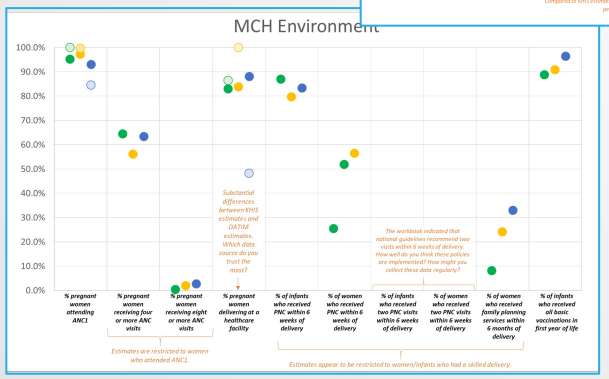
Primary cause of transmission, ranking, by county

Rank	Migori	Laikipia	Kilifi	Wajir	Samburu
1	Dropped off ART	Dropped off ART	Dropped off ART	Did not receive ART	Dropped off ART
2	Did not receive ART	Newly infected	Currently on ART	Dropped off ART	Newly infected
3	Newly infected	Did not receive ART	Newly infected	Newly infected	Did not receive ART

Step 2. Programmatic gap analysis: tools used and results







Programmatic gap analysis tools

Primary programmatic gaps contributing to new pediatric HIV infections, by county

Rank	Migori	Laikipia	Kilifi	Wajir	Samburu
1	Weak community-facility linkages	Poor health-seeking behavior	Ineffective community engagement	Critical HRH shortages	Weak community PMTCT systems
2	Staff capacity deficits	Poor community health coordination	Fragmented HIV service delivery	Geographic barriers to healthcare access	Low care/ service utilization
3	Poor RMNCAH-HIV integration	HRH capacity gaps	Suboptimal health-seeking behavior	Inadequate program data	Health workforce shortages
4	Unstable program financing	Fragmented service delivery	Weak health systems governance	Fragmented PMTCT services	Stigma and gender-based barriers
5	Commodity stock-outs	Inadequate monitoring & evaluation	Poor performance metrics	Weak community PMTCT program	Inadequate program data

Step 3. Priority Interventions identification – 5 key strategic areas*

Priority interventions agreed to be adopted/scale-up, by county (example of Community health systems area)

Strategic Area	Migori	Laikipia	Kilifi	Wajir	Samburu
Community health systems	Establish PMTCT support groups	Train CHVs, TBAs, and retired midwives	Conduct outreach for 8 ANC visits	Utilize CHPs for referrals & defaulter tracing	Deploy mobile PMTCT clinics
	Set up CHV service desks	Engage male champions	Establish community ART refill centers	Leverage "Boma" model for ART	Scale up community ART/HIVST distribution
	Map and sensitize TBAs	Incentivize ANC visits & TBA referrals	Incorporate CHPs as case managers	Use radio/social media for advocacy	Broadcast local radio campaigns
	Engage adolescent champions	• SMS for appointment reminders	Scale up community chalkboards	Adopt PCN-PHC service model	Adapt primary care networks (PCN) service model

*5 strategic areas:

- Community health services
- Service Delivery Environment
- Health seeking behavior
- Evidence based decision making
- Cross-cutting health systems

Lessons learned in operationalizing the Last Mile in Kenya

- County-led planning enhanced alignment and motivation, but requires predictable local financing to translate plans into action.
- Limited access to updated and unified data constrained precise epidemic analysis and monitoring.
- Tailored interventions effectively addressed local gaps, but reaching marginalized groups like nomadic populations requires explicit, iterative community-centric strategies.
- Embedding interventions into county plans and budgets is vital.
- Rigorous dissemination and M&E are necessary for sustained success.

Thank You

Sweden Sverige

2gether 4SRHR

REPUBLIC OF KENYA

Ministry of Health
Division of National
AIDS & STI Control Program

NASCOP

UNC INSTITUTE FOR GLOBAL HEALTH AND INFECTIOUS DISEASES

World Health Organization

UNAIDS

unicef for every child

The Whole Child Agenda

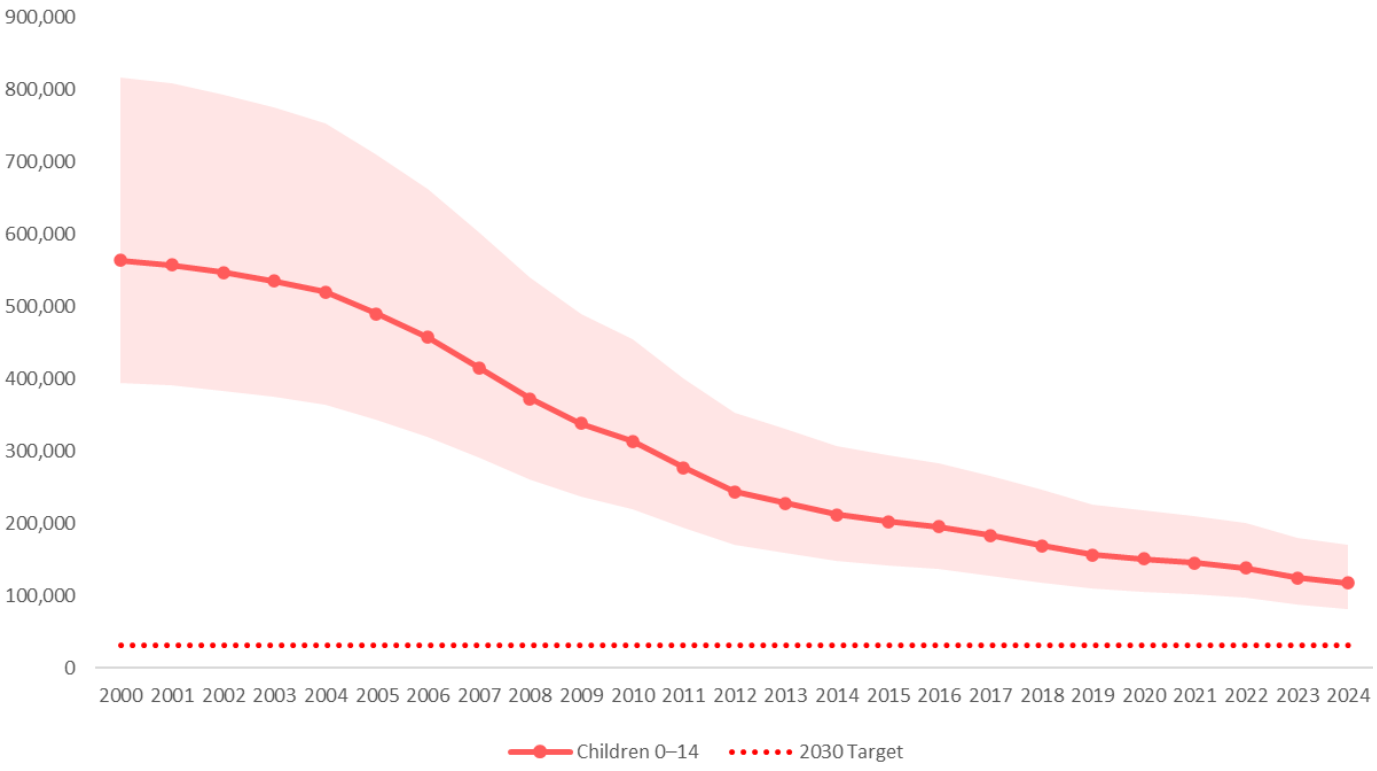
Considerations for future programming in paediatric HIV care and treatment

Shaffiq Essajee
Senior Advisor HIV/AIDS
UNICEF

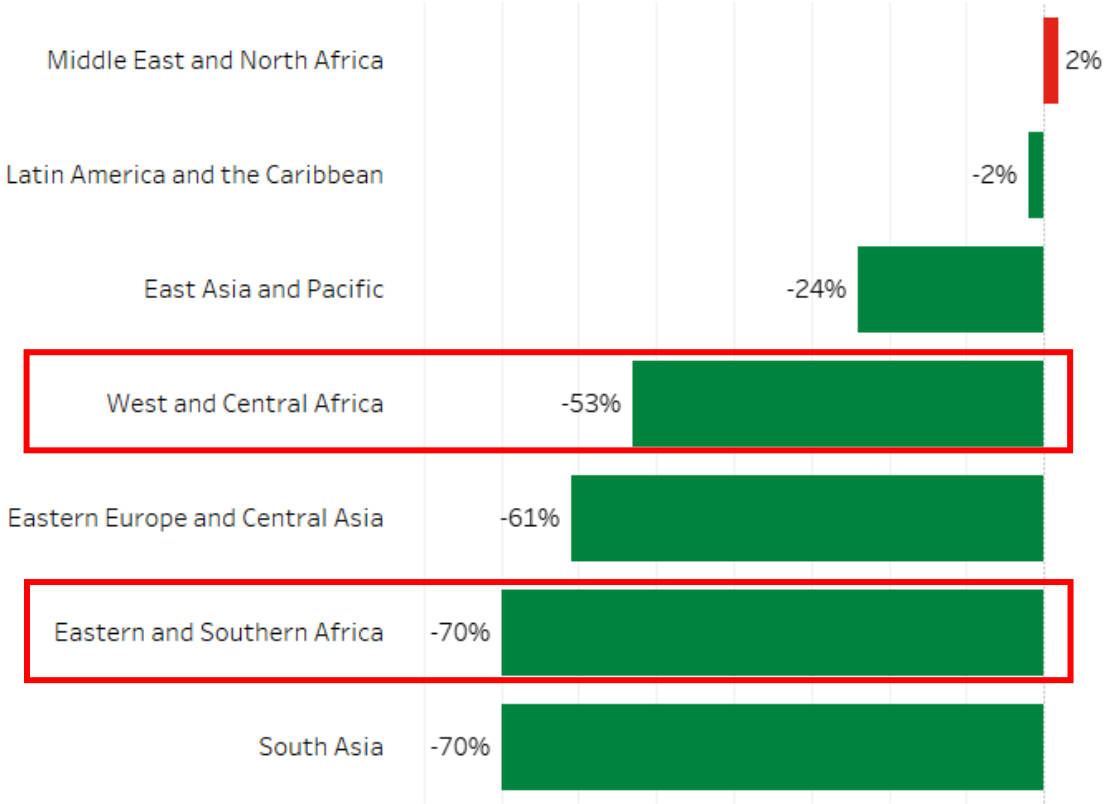
ICASA 2025
December 3, Accra

There are regional variations, but since 2010 HIV infections in children have dropped by 62%

Number of new HIV infections among children aged 0-14 years



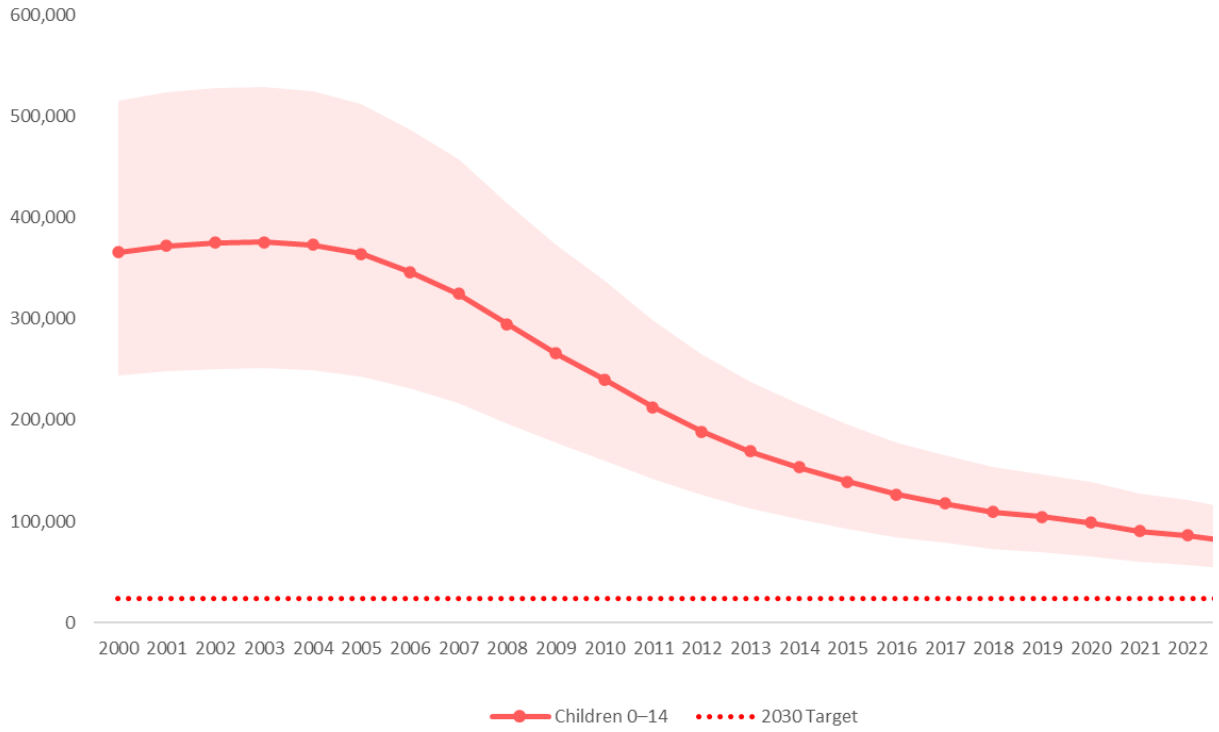
2010-2024 Decline in new infections by region



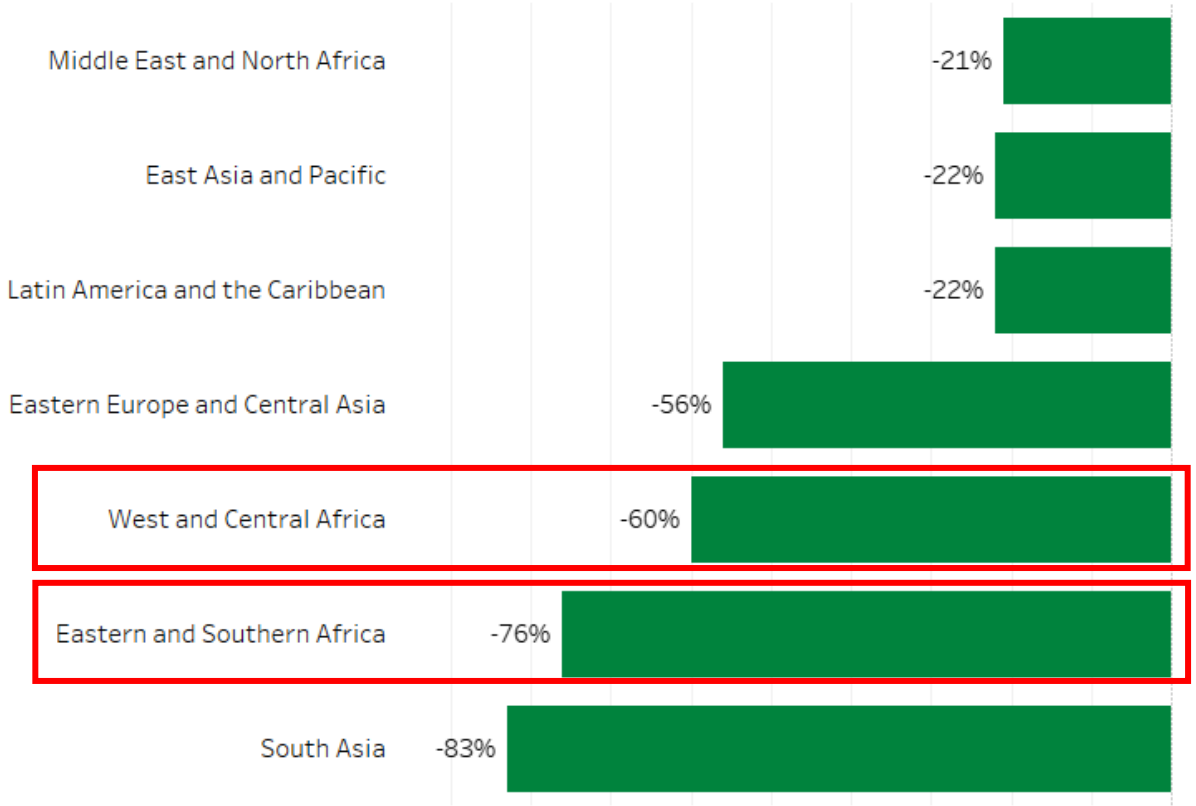
Source: UNAIDS Estimates 2025

AIDS mortality in children has also fallen but still, 210 children died of AIDS every day in 2024

Number of deaths due to AIDS in children aged 0-14 years



2010-2024 Decline in Mortality by region



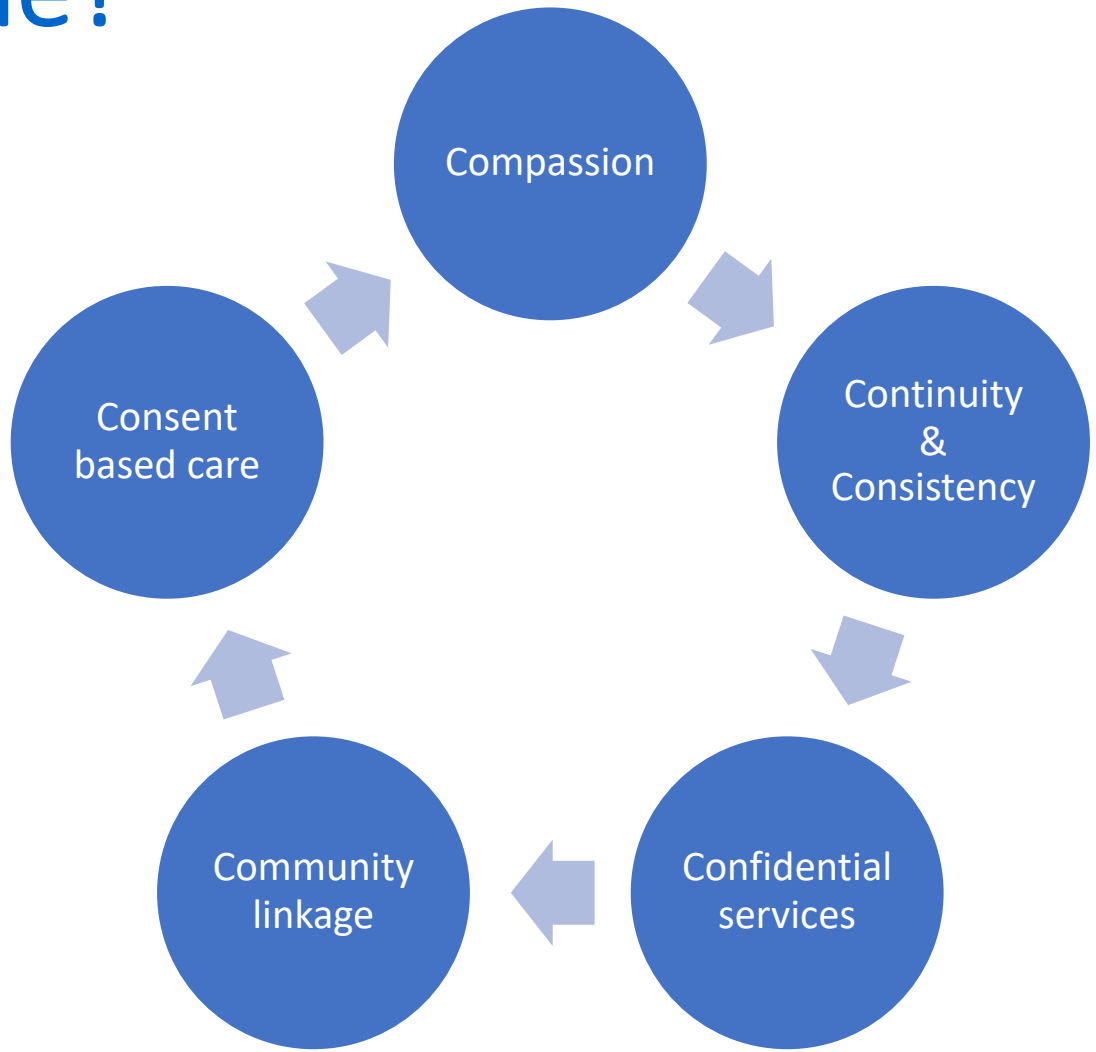
Source: UNAIDS Estimates 2025

Triple Elimination offers a unique model for integrated ANC programming

		HIV	Syphilis	Hep B
Mother	**Testing**	Serologic test	Serologic test	Serologic test
	Treatment	ART	Benzathene Pencillin	Tenofovir +/- Lamivudine Emtricitabine
Infant	**Prophylaxis**	Nevirapine		Birth dose HBV vaccine, HBIG

The triple elimination initiative leverages operational and epidemiological synergies across HIV, Syph, HBV for mothers and their infants to enhance outcomes for mothers and children all while still bringing us closer to ending new HIV infections in children

Could we do the same for pediatric HIV? What are the elements of care that could bring value?



The "Five C's" that define high quality pediatric HIV services are also essential for other chronic conditions of childhood, including both communicable and non-communicable diseases

And already, this HIV-NCD integration is starting to happen

National Level	Site Level	Community Level
In Kenya MOH is moving to merge NCDs and HIV in national policies and create a framework of integrated care for HIV and NCD syndemics **In SA** the DoH has adopted a 3-tier model at PHC level, comprising **MNH**, **Acute** and **Chronic**	**In Malawi** MoH and partners have shifted vertical HIV services into an integrated chronic care clinic model (IC3) that offers HIV and NCD care using integrated EMRs, shared training and joint supervision. **In Uganda** a pilot initiative is ongoing to deliver integrated care for HIV, diabetes and hypertension in a one-stop shop model – initially for HIV clients but now for all	**In Tanzania**, mentor mothers working in the community with HIV affected families are being deployed to address chronic malnutrition and low uptake of immunization services **In Kenya** Existing ART clubs, community adherence groups and peer-led supports are being used to provide peer support, outreach, and refills for people with NCDs ave documented community group adaptation

Source: Wroe EB et al. BMJ Oct 2020. Van Hout et al. BMC Health June 2023. PATH program in advancing HIV and PHC integration https://www.path.org/our-impact/articles/hiv-ncd-integration/. Adeyemi et al. BMJ Global Health May 2021

Although evidence is limited, several practical points of synergies are emerging

What to copy from HIV programmes	How to adapt for HIV + NCDs + pediatric care
Differentiated Service Delivery (DSD)	Categorization of stable and unstable clients also works for NCDs
Multi-Month Dispensing (MMD)	For conditions that need chronic medications MMRs improve retention
Task-shifting to nurses / CHWs	Don’t wait! Engage nurses and CHWs early in task shifted care
Community based services	Expand role to include NCD support
ART appointment diaries	Use same scheduling system for chronic conditions
EMR / registers	Add fields for NCD and pediatric diagnoses (one patient, one file)
Supply chain and pharmacy systems	Integrate ART + NCD stock management & forecasting
HIV quality improvement meetings	Include NCD & pediatric indicators in QI dashboards
Mentor–mentee model	Build integrated supervision teams (HIV + NCD + pediatrics)

The debate! To integrate or not to integrate

Pros

- Chronic illnesses often go together and this is especially true for HIV.
- integration IS human-centered design
- At present people with chronic conditions especially children are under-served in PHC
- Integration leads to decentralization which expands access and reduces stigma
- Fewer visits per patient therefore better retention as well as system efficiencies
- If you want to go quickly go alone, if you want to go far, go together

Cons

- Quality might suffer
- Front line providers overwhelmed
- Medicine stock-outs as systems become more complex
- Reporting burden may lead to burnout
- Create an NCD ‘silo’ even if we are trying to dismantle the HIV silo
- High programme costs with retraining and development of new data systems

Take Home messages

- **These integration models PREDATE the funding crunch, so this is not panic**
- **Its about extending high quality care to all children with chronic conditions**
- **Context is key. The approach must be thought about in light of local epi priorities**
- **Integration is how we went from PMTCT to EMTCT in just a few years, so pediatric integration is the natural next step**
- **It's the same people and the same systems but just more children served**
- **This is transformation, not replacement of HIV services."**
- **HIV programs could become the backbone of primary chronic care — for children and for adults**

December 2025

Forward-looking approaches for adaptable and sustainable vertical transmission prevention programmes that address both existing and emerging or re-emerging infectious diseases

Drs. Kimberly Green and Albert Komba

Photo: PATH

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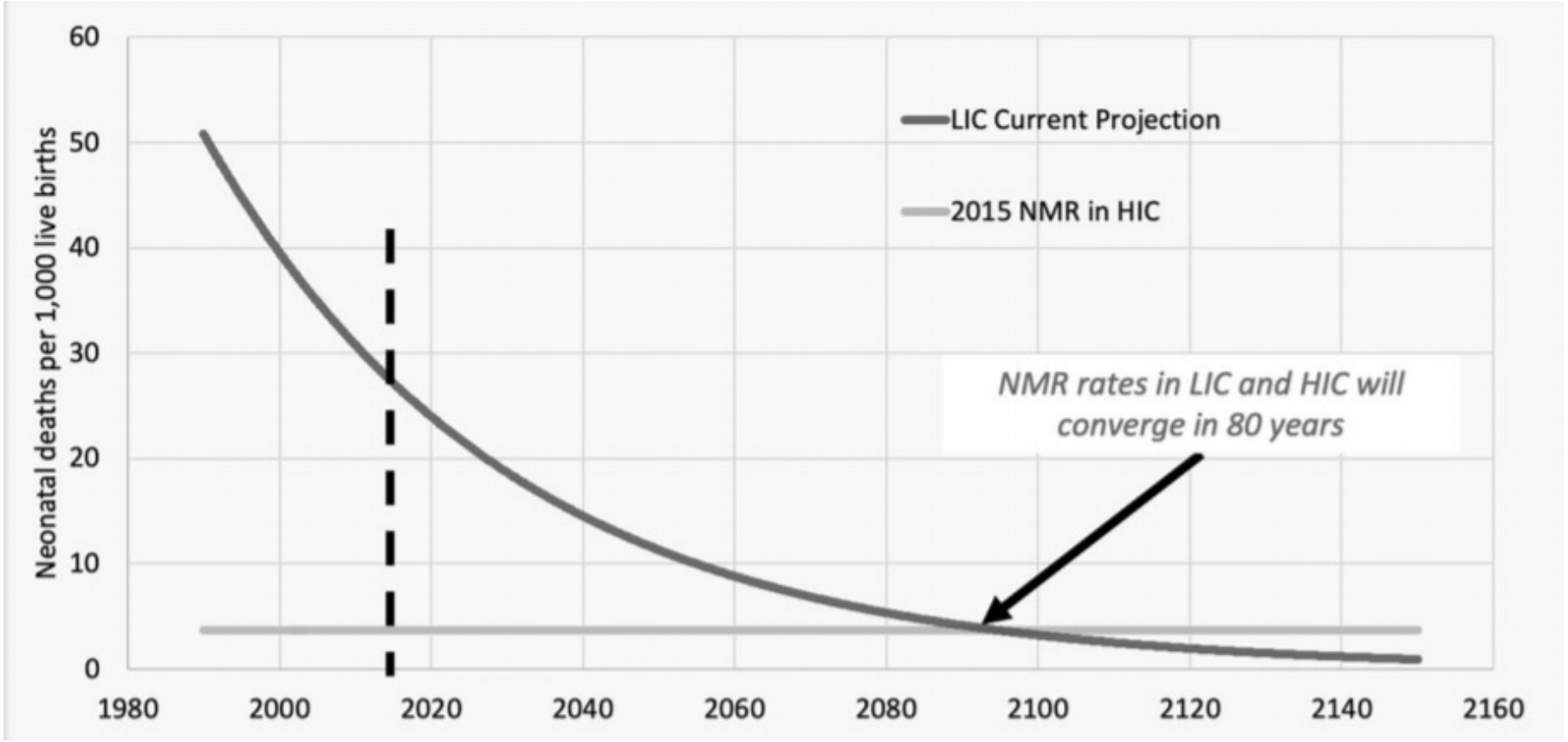
INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV EASTERN AFRICA (ICWEA)

World Hepatitis Alliance

Projected length of time it will take for low income countries to converge with HIC neonatal mortality rate: 80 years



HIC: high-income country; LIC: low-income country; NMR: neonatal mortality rate

Hedstrom A, Perez K, Umoren R, Batra M, Engmann C. Recent progress in global newborn health: thinking beyond acute to strategic care? *Journal of Perinatology.* 2019;39(8):1031–1041. https://doi.org/10.1038/s41372-019-0384-z

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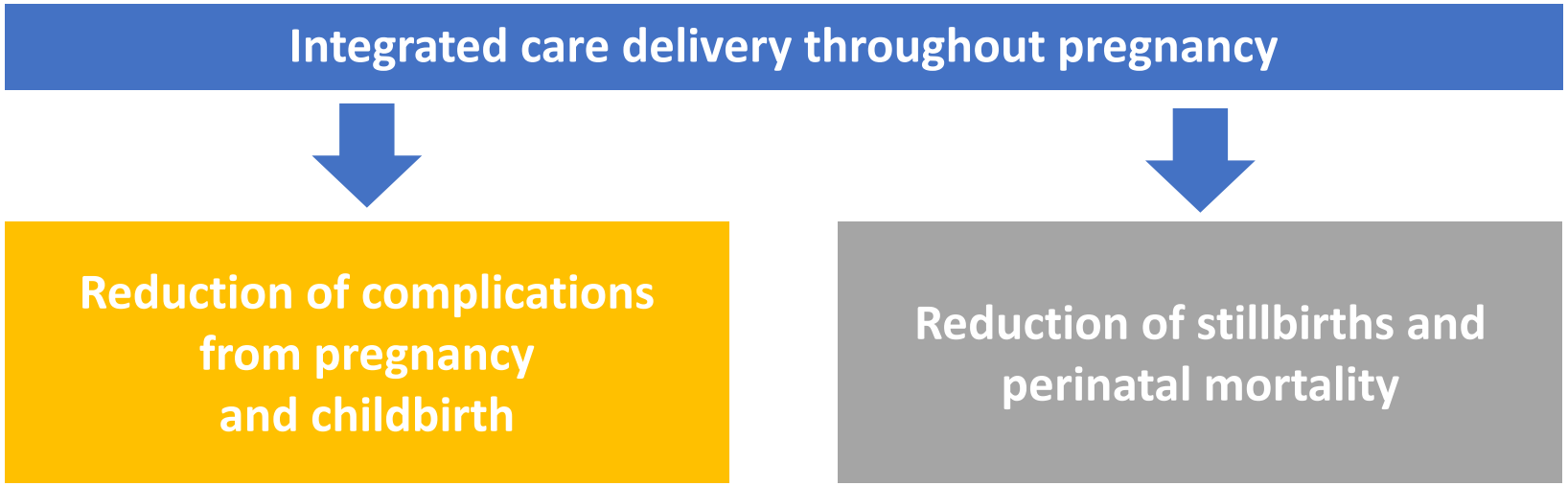
Maternal mortality and stillbirth estimates

SAFEStart+ Country	Total WRA, age 15-49 (millions)	Est. maternal deaths (annually)[1]	Est. deaths WRA due to maternal causes (%)[1]	MMR point estimate 2023[1]	Avg reduction MMR 2000 to 2023 (%)[1]	Lifetime risk of maternal death[1]	Total stillbirths 2021 (thousands)[2]	Stillbirth rate 2021 (per 1,000 births)[2]
Brazil	55.6	1,700	2.6	67	3%	1 in 1,037	29.6	8.8
DRC	**24.4**	**19,000**	**21.7**	**427**	**31%**	**1 in 41**	**109**	**36.6**
Malawi	5.7	1,500	**14.0**	**225**	55%	**1 in 113**	15.5	**26.3**
Nigeria	**55.8**	**75,000**	**20.1**	**993**	**14%**	**1 in 25**	**472**	**53.6**
Paraguay	1.8	80	3.9	58	72%	1 in 708	1.63	12.5
Senegal	4.7	1,300	**14.6**	**237**	61%	**1 in 112**	**21.1**	**42.2**
South Africa	17.8	1,400	2.3	118	32%	1 in 409	35.6	34.8
Uganda	**12.3**	**2,900**	**10.9**	**170**	**65%**	**1 in 127**	**39.9**	**24.5**
Vietnam	25.9	1,270	2.3	48	41%	1 in 1,270	19.6	12.5

WRA = Women of reproductive age
MMR = Maternal mortality ratio (# maternal deaths per 100,000 live births)

Antenatal care (ANC) is a critical pathway to improving maternal and neonatal outcomes

Achieved through timely and appropriate evidence-based actions related to health promotion, disease prevention, screening, and management.



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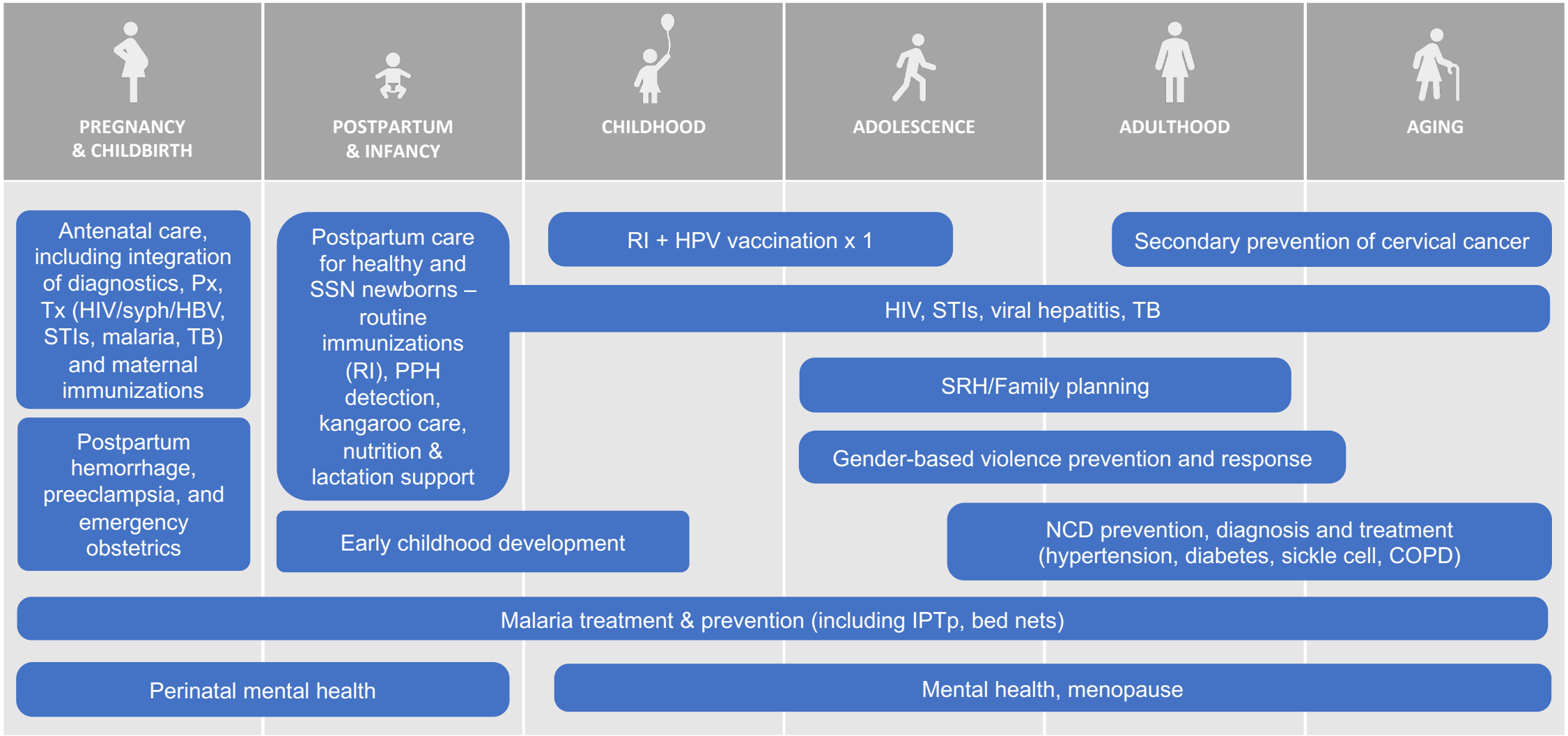
Integrated women's and girls' health needs across the life course



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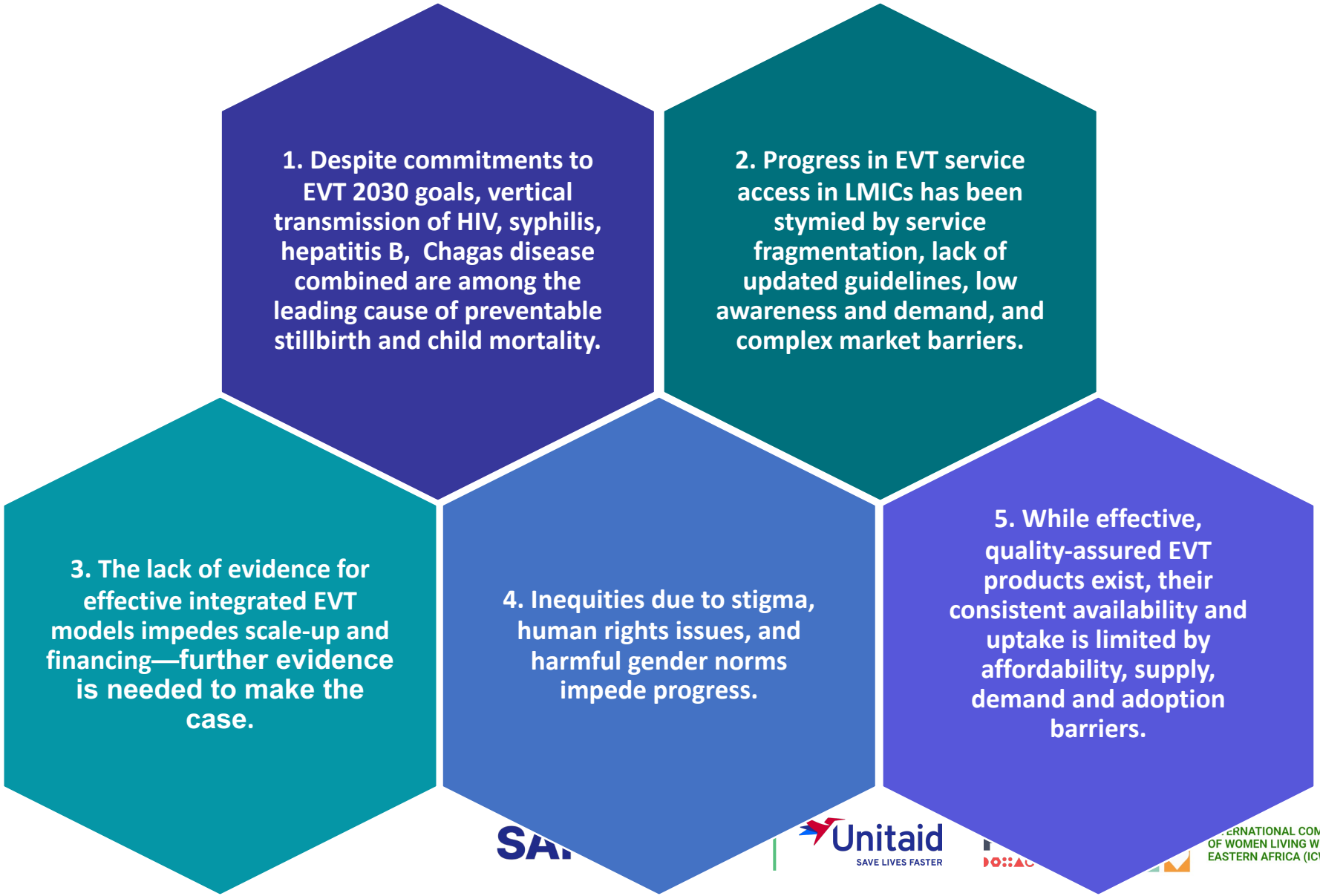
Why is accelerated action needed in elimination of vertical disease transmission in pregnancy and through post-partum?



Country- and Community-led Scale-up of Accessible, Integrated and Family-centered EVT Services for a Healthy Start (**SAFEStart+**)

SAFEStart+ is designed to accelerate demand and adoption of **evidence-based approaches and integrated delivery strategies** to eliminate vertical transmission of **HIV, syphilis, hepatitis B, Chagas disease, and mpox.**

Project duration: May 1, 2025 to April 30, 2029

SAFEStart+

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INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV EASTERN AFRICA (ICWEA)

World Hepatitis Alliance

PATH/Georgina Goodwin

SAFEStart+ scope and partners

- **Output 1: Country-led EVT demand, adoption, and scale-up** enabled through strong community and stakeholder leadership and systems strengthening – range of integrated models of care.
- **Output 2: Evidence and learning generated on integrated EVT models of care** through implementation science, programmatic M&E, costing, and modeling that accelerates demand and adoption of effective tools and differentiated packages of EVT embedding triplex RDTs, Hep B birth dose and TDF for px/tx, PrEP choice, syphilis tx
- **Output 3: Strategic market shaping, unlocking barriers to new and underused essential EVT products**, including strong manufacturer engagement to ensure affordability and sustained supply, and to accelerate country regulatory processes
- **Output 4: Effective transition and financing of country and regional integrated EVT programs** by governments and donors through evidence dissemination, regional learning and advocacy, and an investment case for greater scale-up.
- **Output 5: Accelerated introduction and integration of WHO recommended approaches** for mpox testing and care for priority high-risk populations (pregnant women and their partners, newborns, and young infants) within EVT platforms.

SAFEStart+

Unitaid SAVE LIVES FASTER · PATH · INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV EASTERN AFRICA (ICWEA) · World Hepatitis Alliance · World Health Organization · PAHO Pan American Health Organization / World Health Organization Americas

mundo sano · SCIDaR SOLINA CENTRE FOR INTERNATIONAL DEVELOPMENT AND RESEARCH · Impact Insights Innovation · enda santé · Ezintsha · GHS Latin America · AfricaCDC Centres for Disease Control and Prevention · HARVARD UNIVERSITY · UNIVERSITY of WASHINGTON

Integrated routine and outbreak screening - mpox/EVT in DRC

Increase mpox screening access and community awareness by applying WHO integrated mpox/HIV/syphilis testing, referral, care, treatment, infection prevention, and contact tracing standard operating procedures at project facilities and major mpox hotspots in DRC.

Provide integrated point of care testing as soon as it becomes available and leverage antenatal care (ANC) and home visits for targeted risk communication and community engagement (RCCE) among pregnant women, their partners, and families, complementing ongoing RCCE efforts.

Support access to near POC and promising Ag-RDTs in ANC/delivery/ANC settings to accelerate access to screening, diagnosis, care, and contact tracing.

Provide community-based organizations (CBOs) small grants and capacity strengthening for strengthened community led monitoring and mpox awareness raising, counseling, and referrals.

Reach an estimated 5,500 pregnant and breastfeeding women, their partners, and newborns/children needing mpox testing through EVT services in 20 facilities across Kinshasa, North and South Kivu, and Tanganyika.

SAFEStart+ | Unitaid SAVE LIVES FASTER | PATH | INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV EASTERN AFRICA (ICWEA) | World Hepatitis Alliance

SAFEStart+ project countries

4 core countries will receive comprehensive support to strengthen integrated EVT service models and systems; community-led monitoring; targeted research to build an evidence base to speed EVT access, uptake, and care cascades; and market shaping.

5 focus countries will receive targeted support to address specific barriers to EVT scale-up and validation and generate evidence relevant regionally & globally.

10 peer countries will be involved in peer learning for scaling up EVT.

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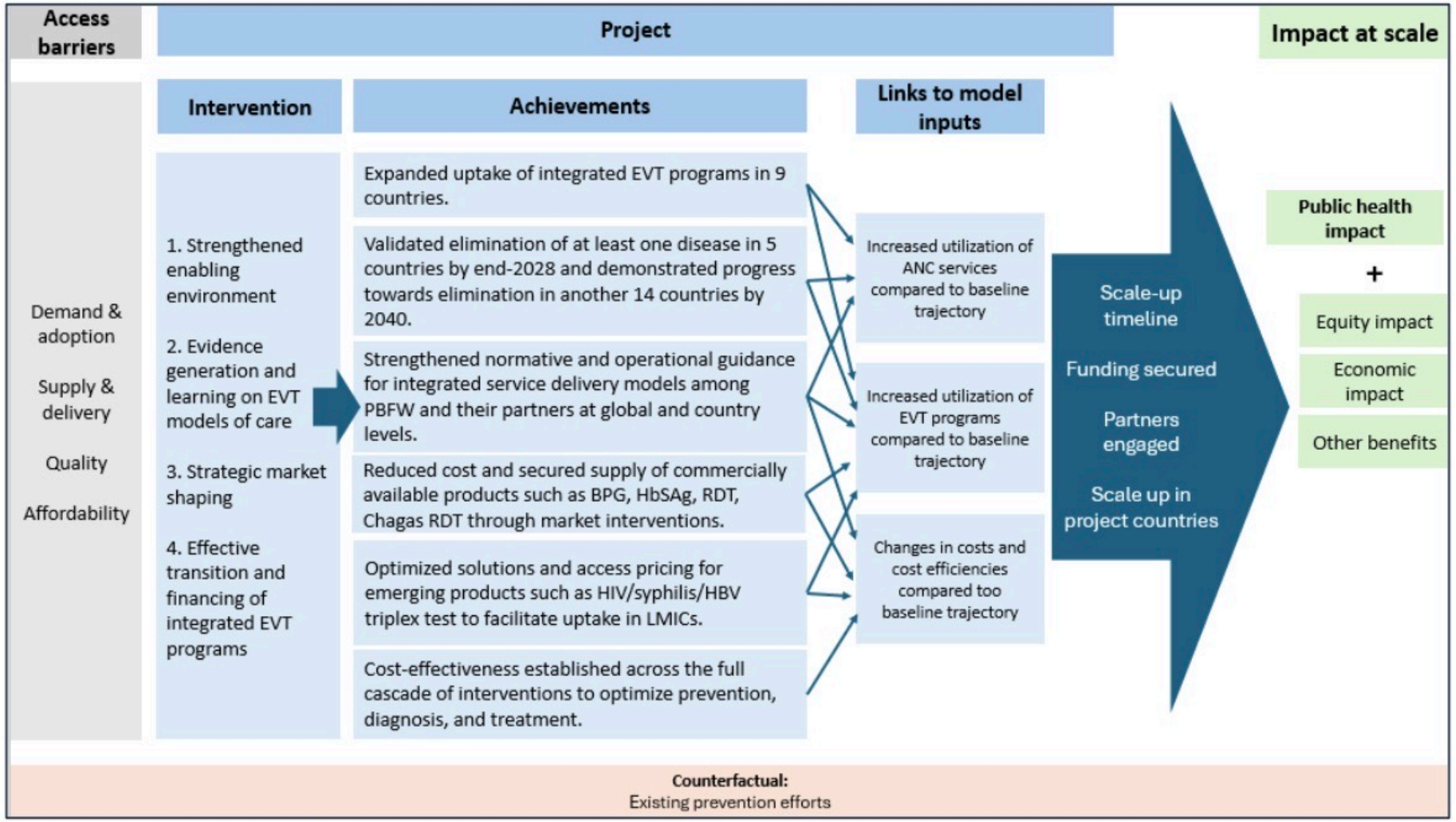
Pathway to public health impact for HIV, syphilis, HBV, Chagas disease.



Note: Given the uncertainties in costs associated with the program, the preliminary impact modeling did not incorporate a cost component. Instead, data will be collected and potential cost efficiencies modeled during the project period.

Community engagement and leadership

ICWEA and WHA form the project leadership with PATH and will co-manage the project through joint decision-making.

ICWEA has strong regional capacity in health equity and rights for women living with HIV and their communities, including EMTCT. They will oversee engagement with 100+ chapters in Africa, Latin America, Asia Pacific, and with ICW.

WHA has 333 CSO members in 102 countries, including those in SAFEStart+, and have experience driving global advocacy and co-creation, and supporting delivery of community-led education, advocacy, and campaigns with members.

ICWEA and WHA will strengthen the capabilities of their CSO networks with US$1 million in grant funding to:

- Advocate for increased access to EVT services, including through improved financing and policies.
- Support in advocacy, demand generation, CLM and anti-stigma work, ensuring women with lived experience can speak for their communities.
- Conduct community-led values and preferences research related to differentiated models of EVT.
- Design and implement an EVT CLM toolkit to measure quality, identify and address S&D, gender, and human rights issues, and hold service providers accountable.
- Develop positive messaging on screening aimed at increasing awareness, literacy and demand, and utilizing learnings from past successful campaigns.
- Implement community-led service delivery (e.g., lay provider screening, self-testing distribution).
- Roll out in-service training for HCWs to provide EVT information and early screening and increase empathy.
- Accelerate community engagement in the Global Validation Advisory Committee (GVAC) process and liaise through ICW's role on the GVAC.

A focus on scalability

SAFEStart+ is creating sustainable access conditions by:

1. **Generating evidence that offers a playbook for countries** on how to scale up comprehensive and integrated EVT that is transferable across settings.

2. **Informing global WHO guidelines** on values, preferences, feasibility, effectiveness and cost-effectiveness of a range models (ANC/PNC, pharmacies, CHWs) and products (triplex RDTs, PrEP choice, BPG…)

3. **Addressing supply and demand imbalances** by conducting demand forecasts, establishing access pricing and pooled procurement agreements, implementing innovate interventions to, for example, diversity API and manufacturing, and design market incentives for BPG, and facilitating product registrations.

4. **Designed to effect improvements across several countries** (e.g., BPG market stability, access pricing for the triplex test, advocacy from Africa CDC for country accountability to 2030 goals).

PATH/Will Boase

Looking forward - opportunities for greater impact

- Pregnancy is an opportunity!
- Even one ANC visit can be an opportunity for combined screening
- However…there are a number of infectious diseases that are not often routinely screened for in pregnancy – or through post-partum, that can result in very poor outcomes in pregnancy that include stillbirth, preterm delivery, low birthweight
- These include HBV, malaria, gonorrhea, chlamydia, vaginosis, UTIs, TB

The future of integrated ANC

AlignMNH

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Improving screening and management of infectious diseases during pregnancy in Ghana

By: Dr. Sadaf Khan and Beth Balderston

December 15, 2024

https://www.alignmnh.org/2024/12/16/improving-the-screening-and-management-of-infectious-diseases-during-pregnancy/

PATH

Enhancing capacity of ANC workforce

Private > Prevention, Management and Control of Infection in Pregnant Women During Antenatal Care (ANC) ...

HS Hammond Sarkwah

Module 5: Standard Operating Procedures (SOPs) for Infection...

Course · 8 Lessons

Updated at Oct 18, 2024

HS Hammond Sarkwah

Module 3: Clinical Features and Management of...

Course · 11 Lessons

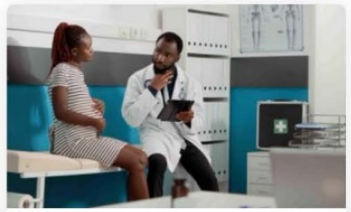
Updated at Jun 25, 2024

HS Hammond Sarkwah

Module 4: Antimicrobial Resistance And Stewardship

Course · 14 Lessons

Updated at Jun 23, 2024



HS Hammond Sarkwah

Module 2: Point of Care and Other Diagnostics For Infection During...

Course · 12 Lessons

Updated at Jun 20, 2024

HS Hammond Sarkwah

Module 1: Infection Prevention and Control (IPC)

Course · 15 Lessons

Updated at Jun 20, 2024

HS Hammond Sarkwah

Prevention, Management and Control of Infection in...

Course · 6 Lessons

Updated at May 15, 2024

- https://www.path.org/our-impact/resources/anc-ghana-elearning/

PATH

The critical role of maternal immunization

- Assessing the suitability of ANC as a platform for maternal immunization (MI) delivery within different country contexts (Ghana, Senegal, Tanzania, Zambia) vis-à-vis:
    - Current systems and service delivery processes of maternal health and the Expanded Program on Immunization (EPI) within ANC and cross-program coordination therein.
    - Potential impact of MI on ANC service delivery, access, quality, and equity.
    - Timing and distribution of ANC visits in relation to optimal vaccine administration windows.
- Identify knowledge, attitudes, perceptions, and practices around care in pregnancy; immunization in general and in pregnancy specifically; and the **potential acceptability of new maternal vaccines among key stakeholders**.
- Assess awareness and disease burden of respiratory syncytial virus (RSV) and Group B *Streptococcus* among pregnant women, community members, and health care providers and perceived prevention priorities among key stakeholders (policymakers).

Key take-aways

- Focus on integration is an opportunity for delivering people-centered care for women, newborns and partners
- Pregnancy and ANC are key opportunities for bundled screening inclusive of HIV, syphilis, HBV but also more broadly for other causes of stillbirth and poor birth outcomes
- Reducing infections pre-conception and as part of post-natal care is also essential
- Community delivered services and private sector are essential partners including in reaching women less likely to attend ANC, facility delivery and PNC

Thank you to the many collaborators in this work!

Unitaid, WHO, PAHO, Gavi, Pfizer, PATH

Thank you to our many collaborators!

Unitaid, WHO, PAHO, Gavi, GFATM, Africa CDC, ICWEA, WHA, Pfizer, UW, Harvard, IAS, PATH

Addressing social and structural barriers that hinder access to vertical transmission prevention services

HFFG

ICASA PRESENTATION

Title: Social and Structural Barriers that hinder access to vertical transmission

By: Cecilia Senoo

Executive Director, HFFG

OUTLINE

- HIV Situation in Ghana
- Vertical Transmission
- Key Social and Structural Barriers
- Addressing Barriers
- Recommendation

HFFG

HIV SITUATION IN GHANA 2024

INDICATORS	DISAGGREGATION	VALUE
HIV Population	All Ages	**334,721**
	Adults (15+ years)	316,492
	Children (<15 years)	18,229
	Adolescent (10-19 years)	18,850
	Young people (15-24 years)	37,283
New HIV Infections	All Ages	**15,290**
	Adults (15+ years)	14,047
	Children (<15 years)	1,243
	Adolescent (10-19 years)	1,823
	Young people (15-24 years)	4,732
Prevention of Mother to Child Transmission (PMTCT) Coverage (%)	Females	99.3
Progress towards 95-95-95 targets (%)	Know Status (1st 95)	68
	On ART (2nd 95)	69
	Virally Suppressed (3rd 95)	90

Source: Ghana's HIV factsheet 2024 (GHANA AIDS COMMISSION)

HFFG

Vertical Transmission of HIV

Vertical Transmission of HIV refers to the transmission of HIV from an HIV positive mother to her child during pregnancy, childbirth, or breastfeeding. This mode of transmission is also known as mother to child transmission (MTCT) of HIV.

In Ghana, the ministry of health has implemented various strategies to prevent MTCT, including HIV testing, Antiretroviral therapy, safe delivery practices, infant prophylaxis, exclusive breastfeeding.

HFFG

KEY BARRIERS

Stigma & Discrimination: The fear of being shunned by society knowing your HIV status is preventing some pregnant women from assessing HIV services especially within their communities.

Religious beliefs: The covert belief in attributing ones HIV status to some spiritual orchestration by some third parties within and out of the family tends to draw some pregnant women to seek redemption in some charlatanic individuals claiming to be men of god, with the power to cure their condition also prevents some pregnant women from seeking care.

Health Infrastructure: The availability of ART at the lowest level of the health infrastructure is another barrier. In some rural settings, ART services are not available in some CHPS making it difficult for pregnant women to access the service.

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KEY BARRIERS

Poverty and Economic empowerment: Some pregnant women are not employed and thus rely solely on their partners to provide them resources in seeking care, when this resources provision is curtailed, health seeking also stops since there is no means of going to the healthcare service point.

Lack of NHIS Registration: Some pregnant women who are not registered on the NHIS are required to pay some money as consultation and this sometimes becomes a disincentive for seeking healthcare.

Hard to Reach communities disproportionately suffer lack of access to healthcare services due mostly to poor access to their communities

HFFG

RECOMMENDATIONS FOR IMPROVING HIV SERVICE UPTAKE AMONG PREGNANT WOMEN

Stigma & Discrimination:

- Community sensitization via opinion leaders and peer mothers.
- Ensure confidentiality and respectful care at all levels.

Religious Beliefs

- Engage faith-based leaders to promote accurate HIV messages and referrals.

Health Infrastructure:

- Decentralize ART services to all CHPS compounds.
- Introduce mobile ART clinics and community drug pick-up points.

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RECOMMENDATIONS FOR IMPROVING HIV SERVICE UPTAKE AMONG PREGNANT WOMEN

Poverty & Economic Barriers:

- Integrate livelihood support (LEAP, VSLA) with PMTCT services.
- Provide transport vouchers for ANC/ART visits.

NHIS Registration:

- Conduct NHIS registration drives during ANC visits.

Hard-to-Reach Communities:

- Deploy outreach teams and CHVs for integrated services.
- Use motorbikes/drones for medicine and sample delivery. Expanding the work of some institutions like zipline to cover all these areas.

Giving Equal Opportunities to Women and Children

HFFG

Addressing the needs of GBV survivors, migrants, refugees, displaced populations, and those in conflict zones – Healthcare providers' perspectives

Thursday, 4 December 2025 | 08:45 – 09:30 GMT

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