

UNAIDS 2024

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# Result Area 3: Paediatric AIDS, vertical transmission

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**2022-2023 Results report**



## Result Area 3: Paediatric AIDS, vertical transmission

### Budget and expenditures and encumbrances for all Cosponsors 2022-2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
11 583 800	8 487 501	27 929 000	59 195 897	39 512 800	67 683 398

### Joint Programme 2022-2023 results

*Guidance and technical support provided to priority countries to adopt and implement normative recommendations related to optimizing treatment in women, children and adolescents and ensuring access to HIV prevention for women attending antenatal and postnatal services.*

**Global Alliance to End AIDS in Children.** To address the need for greater global and national political will, action and resourcing to end paediatric AIDS, UNICEF, with WHO, UNAIDS Secretariat, PEPFAR, implementing partners, networks of people living with HIV and civil society, in 2022 co-convened the Global Alliance to end AIDS in children. In 2023, during Phase 1 of the partnership, 12 African countries joined the Alliance and formed inclusive country teams to develop prioritized national action plans. UNICEF and Joint Programme partners supported global advocacy and coalition-building for the Alliance and helped establish technical working groups and two regional support hubs in eastern and southern Africa and in western and central Africa. The Joint Programme conducted a rapid analysis of Phase 1 country resource mobilization to inform and align funding requests and generate resources for a pilot surge mechanism to support Phase 1 countries to reach 2025 targets.

#### Indicator progress on paediatric AIDS and vertical transmission (RA 3)

- **75 countries (87%)** supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV and 86 countries implement the "treat-all" policy for pregnant and breastfeeding women.
- **64 countries** supported by the Joint Programme have HIV services for children integrated into at least 50% of primary health care sites.

**Intensified action to eliminate vertical transmission of HIV.** UNICEF, WHO, UNFPA and partners provided guidance and technical support to countries to develop national plans for the elimination of vertical transmission of HIV, syphilis and hepatitis B. By 2023, 15 countries and territories had been validated for elimination. Moreover, 75 countries had a national plan, and 86 countries were implementing a "treat-all" policy for pregnant and breastfeeding women living with HIV. WHO developed and regularly updated the "Global guidance on the criteria and processes for validation of elimination of mother-to-child transmission of HIV, syphilis and

hepatitis B virus”, as well as for governance of the validation process. UNICEF, UNFPA and the Nossal Institute contributed to implementation of the Asia-Pacific triple elimination regional roadmap. In 2023, WHO developed a framework for implementing the triple elimination initiative.

WHO’s joint work with the UNAIDS Secretariat and the community of women living with HIV resulted in a revision of guidance to better address rights-based and integrated approaches to optimize services for women, children and adolescents while preparing for validations. Priority countries included Kenya, Malawi and Namibia. Botswana became the first high-burden country to be certified for achieving an important milestone on the path to elimination of mother-to-child transmission (EMTCT) of HIV, demonstrating that an AIDS-free generation is possible even in countries with a high HIV burden. Namibia was supported by a joint UNICEF, UNAIDS Secretariat and WHO team to prepare for validation on the path to elimination. Oman was validated in 2022 as the first country in the eastern Mediterranean region to eliminate dual HIV and syphilis vertical transmission. UNICEF led a milestone internal validation exercise in 2023 for five provinces in China.

**Support for strengthening elimination of vertical transmission of HIV efforts.** In 2022–2023, UNDP supported the provision of services for preventing vertical transmission in seven countries. Almost 121 000 HIV-positive women received antiretroviral therapy during pregnancy and/or labour and delivery, and over 105 300 infants exposed to HIV received an HIV test within two months of birth. WFP continued to integrate many of its elimination activities with comprehensive maternal, neonatal and child health services.

In 2023, surveys in 49 countries with health programmes supported by UNHCR indicated that over 160 000 pregnant women and girls attended and benefited from antenatal services at health facilities. Fully 97% of HIV-positive pregnant women and girls were immediately enrolled and started on ART. UNFPA’s integrated SRH services for the elimination of vertical transmission, especially among sex workers, were strengthened and sustained in Cambodia, India, Indonesia, Iran, Timor Leste and Viet Nam. UNFPA and WHO supported government strategies for the elimination of vertical transmission of HIV, syphilis, hepatitis B, and Chagas disease in the Americas, including through integrating services into primary health care and maternity services.

UN Women supported national AIDS coordinating bodies in Burundi, Cameroon, Indonesia, Nigeria and Sierra Leone to empower women living with HIV, as advocates to prevent new HIV infections among children. In 2022–2023, UNICEF and partners have rolled out the “Last Mile” framework for elimination in countries with low HIV prevalence and/or concentrated HIV epidemics. HIV treatment services for children are most effective when integrated into sustainable primary health care systems; however, in 2022, those services were integrated in only 54 countries. To date, 33 of UNICEF’s 37 HIV-priority countries have implemented a comprehensive package for paediatric HIV treatment within primary health care systems.

In 2022, peer support contributed to over 90% viral load suppression among adolescent and young mothers in Malawi and Zimbabwe. UNICEF and Drexel University published a framework for action to address the health, education and economic consequences of adolescent pregnancy. In 2023, UNICEF supported Zimbabwe's National Assessment on Adolescent Pregnancies and helped strengthen health facilities to offer age-differentiated pregnancy and post-partum care, while peers, mentor mothers and community health workers provide psychosocial support. UNICEF also launched the "[Leveraging the learning](#)" series, with the first report sharing lessons from HIV programmes to meet the needs of all pregnant and parenting adolescents. In 2023, UNICEF and WHO released a [report](#) to translate country experiences on the elimination of vertical transmission of HIV and syphilis in low-prevalence settings into targeted actions.

The World Bank supported a health systems-strengthening project in the Democratic Republic of Congo, which reached 7.46 million women and children with improved reproductive, maternal, newborn and child health services and made significant gains in counselling and HIV testing for pregnant women. A health system-strengthening project in Central African Republic supported by the World Bank and UNICEF reached over 2.9 million women and children with essential health services, including for preventing vertical transmission of HIV and for providing HIV treatment. During the biennium, the World Bank also worked to improve prevention of vertical transmission cascade outcomes for pregnant women and adolescents by strengthening primary health care systems and reproductive, maternal, newborn and child health services in Mozambique and Senegal. By mid-2022 the Global Financing Facility had committed US\$ 817.5 million for 45 such projects in 36 countries. School-based programmes in Bangladesh and Mozambique advanced efforts to reduce vertical transmission through comprehensive sexual and reproductive health and rights (SRHR) and HIV education for adolescent girls.

By the end of 2023, over 90 countries were procuring paediatric dolutegravir, the WHO-recommended drug option for children which is now the gold standard of care. In 2023, as part of the WHO-hosted Global Accelerator for Paediatric Formulations Network, UNICEF and others helped to bring the child-friendly paediatric ARV regimen of abacavir/lamivudine/dolutegravir to market and. They also developed a "product-agnostic" toolkit to accelerate the introduction of new paediatric drugs and formulations, while WHO developed implementation [guidance](#) for the paediatric regimen. As part of the [Rome Action Plan](#), UNICEF committed to support uptake of the regimen and other new products for children in long-term agreements with manufacturers in low- and middle-income countries. In 2023, WHO and experts formed the HIV, Hepatitis and STIs Pregnancy and Breastfeeding Therapeutics Working Group and launched a call to action to support research and innovation for new agents in pregnancy.

The World Bank leveraged innovative financing mechanisms to raise private sector investment for the health of women and children, including for efforts to combat HIV. The Bank's International Development Association's 20th Replenishment 2022–2025 expanded access to quality and affordable reproductive, maternal, newborn and child health services in at least 30 of the world's poorest countries. In 2022, as part of its "Africa Human Capital" plan, the Bank invested US\$ 3.6 billion in health, nutrition and

population, with a strong focus on improving reproductive, maternal, newborn and child health, including HIV-related services such as HIV testing and counselling for pregnant women.

The Bank's Sahel Women's Empowerment and Demographic Dividend continued its work across 10 countries to improve education and reproductive, maternal, newborn and child health services, and contributed to significant gains in comprehensive services for preventing vertical transmission of HIV. World Bank health projects also supported pregnant women living with HIV by ensuring their access to critical services. For example, in Burundi, it supported over 24 000 pregnant women living with HIV to start ART and specific efforts on the health and safety of survivors of sexual violence, including the financing of post-exposure prophylaxis kits.

*Programme data collection, analysis and use strengthened to inform differentiated programming for preventing vertical transmission and improving access to high-quality paediatric HIV treatment and care.*

UNICEF supported governments to collect, analyse and disseminate rigorous data about HIV and children, adolescents and pregnant women, and to use that evidence to implement context-specific strategies to eliminate vertical transmission of HIV and retain mothers and babies in care. WHO supported countries to improve the quality and use of data for planning, for assessments for validation of elimination and for resource mobilization. UNICEF continued the roll-out of the Paediatric Service Delivery Framework, which uses age-disaggregated data and maps specific service delivery gaps to optimize services for children at different ages. It is being used in Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Nigeria and Uganda.

The UNICEF PMTCT data mentoring programme helps build national capacity through South-South and triangular learning approaches and through peer mentorship for improved national health management information systems for countries in Africa which are on the path to triple elimination. During 2022–2023, 17 countries participated in the programme. WHO supported a range of implementation science projects (including “CATALYST”, “ProjectPrEP” and “FastPrEP”) to gather information on critical issues and help harmonize data collection on safety during pregnancy and breastfeeding.

UNICEF is supporting differentiated national HIV prevention services for all pregnant and breastfeeding women, regardless of HIV status, including adolescent and young mothers. For example, in 2022 in South Africa, 40 000 adolescent girls and young women were initiated on PrEP during pregnancy with UNICEF support. WHO supported countries to build capacity for the integration of HIV prevention and SRH services and supported a think-tank on PrEP and SRH integration. UNHCR's annual public health inclusion survey provided key data to enable a targeted approach to public health programming for refugee populations. In 2023, UNICEF and partners published a [brief](#) on the experiences of adolescents in eastern and southern Africa, particularly those living with HIV, during pregnancy and early motherhood, and highlighted areas for improvements in practice.

Early infant diagnostic services are the primary channel for identifying children living with HIV. However, many children exposed to HIV are missed by these services or

acquire HIV later in infancy during breastfeeding. UNICEF helped to pioneer an innovative family-centred model in the United Republic of Tanzania which will be scaled up and which has been shared regionally and globally.

The Joint UNAIDS-IAPAC Fast-Track Cities project supported several high-burden cities to address paediatric HIV. For example, an initiative was launched in Durban, South Africa, to find children living with HIV who are not on treatment and link them to care. Within the first year of the initiative, diagnosis of children living with HIV increased from 80% to 86% and viral load suppression levels rose from 62% to 70%. UNICEF, the US Centers for Disease Control and Prevention and the Elizabeth Glaser Paediatric AIDS Foundation published guidance to support governments to strengthen their child case-finding strategies. WHO conducted a policy review for paediatric HIV prevention, treatment and care in its African Region to identify gaps and inform technical support.

The World Bank developed analytical products at the country and global levels to assist decision-makers to most effectively, efficiently and equitably invest available resources to meet maternal, neonatal and child health and HIV goals. For example, in the Democratic Republic of Congo, an evaluation report assessed the impact of performance-based financing on uptake of reproductive, maternal, newborn and child health and other primary health services.



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