

Result Area 3: Paediatric AIDS, Vertical Transmission

2024 Results Report

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2024 Expenditures and encumbrances for all Cosponsors against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$4 600 656	\$3 700 037	\$30 650 300	\$13 433 716	\$35 250 956	\$17 133 753

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.

In 2024, the Global Alliance to end AIDS in children by 2030 continued to support stepped-up efforts in 12 African countries, which together account for about 66% of new HIV infections and 64% of AIDS-related deaths among children. The Global Alliance has gained significant momentum, with Ministers of Health from 12 countries formally endorsing the Dar es Salaam Declaration for Action to End AIDS in Children by 2030. Its progress report in 2024 documented how the Global Alliance is saving and transforming children's lives by accelerating gains towards ending AIDS among children. The report also showed stronger progress was been achieved among Global Alliance member countries.

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

- **76 countries (89%)** supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV and 100% of countries implement the "treat-all" policy for pregnant and breastfeeding women.
- **62 countries** supported by the Joint Programme have HIV services for children integrated into at least 50% of primary health care sites.

Political commitment for action was sustained through the African Union's adoption of its Triple Elimination Strategy for HIV, Syphilis and Hepatitis B, with the Secretariat's support. A special thematic segment on HIV and children was staged at the 55th PCB meeting in December 2024. The background report, compiled by UNICEF, WHO and the Secretariat, presented evidence-information analysis and multiple country case studies and emphasized the need to address the inequalities that are holding back efforts to end AIDS in children and adolescents by 2030.

Within the framework of the Global Alliance, UNICEF in 2024 facilitated the appointment of 15 community champions for children by Networks of People Living with HIV (GNP+), Y+ and the International Community of Women Living with HIV across seven of the 12 Alliance countries to give voice to community perspectives and prioritize the needs of children and adolescents living with HIV and their caregivers in national strategic planning and decision-making.

WHO introduced a [new four-pillar framework](#) to expand the focus of service delivery from the elimination of vertical transmission of HIV only to the triple elimination of HIV, syphilis and hepatitis B and to emphasize service integration, cross-programme coordination and person-centred care for pregnant women, girls and their infants. WHO revised and published validation tools for the elimination of vertical transmission in December 2023, which include assessments for hepatitis B and ways to improve coordination across programmes for more effective triple elimination efforts.

UNICEF, together with WHO and UNFPA supported several countries to develop and implement plans for the elimination of vertical transmission. This included the development of a national strategy on the elimination of vertical transmission of HIV and syphilis in Algeria; completion of a pre-validation assessment for elimination of HIV and syphilis in the Islamic Republic of Iran; the launch of a national triple elimination operational plan in Zambia; and progress towards a national elimination roadmap with the Ministry of Health and partners in Tunisia.

Namibia became the first country in Africa—and the first in the world with a high burden of HIV—to reach a significant milestone on the path towards eliminating vertical transmission of both HIV and viral hepatitis B, while Jamaica was certified for eliminating vertical transmission of HIV and syphilis. By the end of 2024, 21 countries and territories had been certified for eliminating vertical transmission of HIV and/or syphilis.

Further UNFPA support in strengthening health systems, training health workers on (dual) HIV-syphilis testing options led to their scale up for pregnant women in Ethiopia, Mozambique and the United Republic of Tanzania, while midwifery education ensured providers were equipped to deliver integrated HIV, STI and contraception counselling. UNFPA also continued to drive the integration of HIV into maternal and neonatal health platforms, with a focus on antenatal care, prevention of vertical transmission of HIV, and postnatal follow-up. UNFPA contributed to the review and update of the global International Confederation of Midwives Essential Competencies for Midwifery Practice.

In 2024, UN Women supported actions for the prevention of vertical transmission in eight countries: Botswana, Burundi, China, Côte d'Ivoire, Nigeria, Rwanda, Tajikistan and Zimbabwe. Activities included improved linkages between antenatal care and HIV treatment for expectant mothers in Botswana, mobilization of male champions to engage in the prevention of vertical HIV transmission and technical support to the National Network of Women Living with HIV in Nigeria to document the impact of the mentor mothers initiative.

Through the UNDP-Global Fund partnership, 55 400 pregnant women were provided with services to prevent vertical transmission of HIV. In the Islamic Republic of Iran, UNDP procured 144 000 HIV rapid diagnostic test kits for pregnant women, as well as 900 early infant diagnostic tests. To enhance nutrition and food security for pregnant and breastfeeding women, infants, and families affected by or at risk of HIV in the Cabo Delgado province in Mozambique, WFP and Mothers2mothers trained trainers and conducted mentor training on nutrition support packages, reaching more than 1,000 people with culinary trainings and screening more than 6,400 people for malnutrition.

Services also expanded for women living in humanitarian settings. For example, the number of health centres in refugee sites in Chad implementing programmes to prevent vertical HIV transmission increased from 32 to 41, with over 45 000 pregnant women tested for HIV. In UNHCR's areas of intervention, prenatal consultations led to HIV testing for 2,419 pregnant women in refugee settings and surrounding communities in the Central African Republic and the Democratic Republic of the Congo.

WHO and UNICEF collaborated to finalize and disseminate a technical brief on paediatric HIV case finding to provide comprehensive guidance to country programmes needing to identify children living with HIV to increase progress towards the first "95"

target for paediatrics. WHO led a testing workshop for francophone African countries in partnership with the Global Fund, focusing on operationalizing integrated testing for triple elimination, with follow-up support provided in Benin, Côte d'Ivoire and Guinea. WHO also held a laboratory-focused workshop for Lusophone countries, emphasizing triple elimination and integrated testing needs.

By end-2024, all 24 countries in UNICEF's western and central Africa region were including point-of-care technologies as part of their national protocols for HIV testing. This is especially significant in a region where early infant diagnostic (EID) service coverage was only 26% in 2024. In Nigeria, UNICEF is backing efforts to integrate EID into broader maternal and child health services to help to improve HIV treatment coverage among children. In eight priority countries in eastern Europe and central Asia (Ukraine, Moldova, Belarus, Georgia, Kazakhstan, Uzbekistan, Tajikistan and Kyrgyzstan), UNICEF supported decentralized multi-disease point-of-care antenatal testing to advance dual and triple elimination of HIV and it supported data-driven optimization of national diagnostics networks. UNICEF, the Elizabeth Glaser Pediatric AIDS Foundation and CDC also published a technical brief on paediatric HIV case finding to assist programmes in identifying children who may have missed out on EID testing, who were never tested after breastfeeding, or whose mothers were not enrolled in HIV care.

WHO provided technical support to 12 countries to accelerate scale-up of Dolutegravir-based regimens for children and plan for the introduction of a new optimized formulation of Abacavir, Lamivudine and Dolutegravir in a child-friendly, fixed-dose combination dispersible tablet. UNICEF also continued to support the roll-out of a new fixed-dose combination ARV regimen for children based on Dolutegravir, Abacavir and Lamivudine. Paediatric ALD (pALD) is recommended by WHO as the preferred first-line treatment for HIV in children. By the end of 2024, a majority of children living with HIV in many countries, mostly in sub-Saharan Africa, had access to pALD thanks to efforts to increase its availability by securing a Medicines Patent Pool licence. WHO also issued technical guidance on implementing WHO evidence-based HIV interventions for adolescents and young adults.

World Bank activities included its new US\$ 115 million District and Community Health Services Revitalization Operation programme in Mozambique, which is financing expanded primary health care services, including prevention of vertical transmission of HIV. In Lao PDR, Phase 2 of the World Bank's Health and Nutrition Services Access Project, which includes funding from other partners, will provide US\$ 62 million for HIV and other health services, including antenatal care, to women and children from rural communities. The Bank's US\$ 300 million project to support Colombia's 2022–2026 National Development Plan will help expand follow-up care for pregnant women, as well as access for migrants to HIV testing and treatment. The Bank's Sahel Women's Empowerment and Demographic Dividend, in collaboration with partners that include UNFPA and WHO, continued supporting 12 countries to improve reproductive, maternal, newborn and child health services, including for reduction of vertical transmission of HIV.

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 and WHO led the development of the first regional assessment of progress towards achieving global dual and triple elimination targets in the Middle East and North Africa. UNICEF generated evidence for data-driven programming for elimination of vertical transmission in eight priority countries in eastern and central Europe with the publication of an information brief on [Best practices and common bottlenecks in EMTCT of HIV](#) and an article in [The Lancet Regional Health Europe](#). Working with national authorities in Cameroon, UNICEF developed an interactive vulnerability and risk profiling tool for pregnant/breastfeeding women, children and adolescents living with HIV.

In eastern and southern Africa, UNICEF initiated a data mentorship programme in collaboration with IQVIA and the University of Zambia to strengthen national health management information systems, improve data quality and build the analytical skills of key government staff in 14 countries. In Rwanda, this led to a plan to enhance a comprehensive tool for collecting disaggregated data regarding pregnant female sex workers who seek maternal services, and their children.

Using an integrated SRH approach, UNFPA worked with national implementing partners to support countries in reducing vertical transmission. The work included the integration of national data collection systems within the Data Health Management Information System (DHIS2) for static health facility services, and integrated national campaigns for data collection, analysis and decision-making. These improvements helped improve the quality of maternal and newborn health services, with a focus on HIV.

In 2024, UNICEF conducted the second phase of a study on an innovative family-centred approach for paediatric case finding in the United Republic of Tanzania, which involved more than 4,400 children who were referred for HIV testing, immunization, child protection, nutrition screening and treatment services. In Zimbabwe, UNICEF supported an outreach-based service delivery model in two provinces which facilitated comprehensive child assessments by community health workers and led to the identification of children living with HIV, as well as children in need of immunization and nutrition support. UNICEF will support scale-up of this approach.

WHO launched a collaboration with a large network of paediatric HIV Centres of Excellence to review outcomes of children living with HIV who are on Dolutegravir-containing regimens to inform future recommendations on the management of paediatric treatment sequencing. WHO assisted six countries (Cameroon, Côte d'Ivoire, Kenya, Uganda, United Republic of Tanzania and Zambia) with targeted capacity-building and service delivery interventions for paediatric and adolescent care.

WHO hosted a consultation in May 2024 on the use of broadly neutralizing antibodies against HIV as passive immunization in infants to prevent postnatal vertical transmission. It convened researchers, policymakers, civil society and donors to review the evidence base on the use of these antibodies for HIV prevention in infants. WHO also established a quarterly working group of senior researchers and child health specialists to provide support to implementation project on paediatric advanced HIV disease to better define it and identify interventions to reduce AIDS-related mortality in infants and children.

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