

UNAIDS 2021

---

# **SRA 2: Elimination of mother-to-child transmission**

---

**SRA report 2020**



# Contents

Global overview	2
Joint Programme contribution towards achieving Fast-Track and UBRAF targets	3
Key challenges and future actions	5

## SRA 2: ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION

**Fast-Track commitment:** Eliminate new infections among children by 2020, while ensuring that 1.4 million children have access to HIV treatment by 2020.

**SRA 2:** New HIV infections among children eliminated and their mother's health and well-being is sustained.


### Global overview

In less than two decades, an estimated 1.9 million new HIV infections in children have been averted by providing ARV medicines to pregnant and breastfeeding women living with HIV. Just over half of those infections were averted between 2010 and 2015. During that period, global coverage of effective maternal ART to prevent vertical transmission of HIV almost doubled from 45% in 2010 to 82% in 2015. Since then, however, global progress has stalled with slow increases. Coverage has increased by only 1-2 percentage points each year.

In 2019, 150 000 children newly acquired HIV—far more than the 20 000 global target for new infections for 2020. Whereas eastern and southern Africa already achieved the 2020 target of 95% maternal antiretroviral treatment coverage in 2019, coverage in four other regions—eastern Europe and central Asia, Middle East and North Africa, Asia and the Pacific, and western and central Africa—was under 60%.

COVID-19 exacerbated challenges. Mothers and children were unable to access care due to the initial lockdowns and curfews, and there was limited availability of personal protective equipment. Other concerns included supply chain disruptions, redeployment of health-care workers to the COVID-19 response, and fear of acquiring COVID-19. The number of children, adolescents and pregnant women attending HIV services declined in many countries in 2020. Even attendance increased again, service coverage was below pre-COVID 19 levels. One-third of 29 HIV priority countries responding to a UNICEF survey in October 2020 acknowledged that service coverage for women, children and adolescents living with HIV was lower by 10% or more than in the pre-COVID-19 period.

## Joint Programme contribution towards achieving Fast-Track and UBRAF targets

Indicator: Percentage of countries implementing latest EMTCT guidance		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—100%	Status 	64%	67%	63%	67%	68%
<b>Measurements</b>						
Lifelong treatment is offered to all HIV-positive pregnant women		99%	100%	98%	100%	100%
Repeat testing of HIV-negative pregnant and breastfeeding women is offered <sup>1</sup>		85% [N=39]	90% [N=39]	92% [N=39]	90% [N=39]	90% [N=40]
Partner testing of HIV-positive pregnant women in antenatal care settings is offered		91%	89%	87%	92%	91%
Networks of women, including of women living with HIV, are engaged in EMTCT strategy development and service implementation		76%	76%	74%	74%	74%

The Joint Programme addressed the elimination of vertical transmission gaps and improved the health and HIV outcomes for pregnant women living with HIV and children exposed to HIV globally. Collectively UNICEF, WHO, the UNAIDS Secretariat and other partners, through the Start Free Stay Free AIDS Free framework partnership, continued to prioritize necessary actions in the 21 countries where more than 80% of pregnant women and children living with HIV reside. Digital technologies were used to reach out to pregnant women living with HIV for tele-case management, tele-counselling, psychosocial support and health education in the COVID-19 context. Countries were supported to shift to multimonth prescribing of medications and to maintain communication with clients. Virtual platforms, community networks and tele-peer support groups were promoted to reduce service disruptions.

WHO convened partners including UNICEF, to develop normative guidance to assist countries in revising their existing guidelines for HIV testing services and the use of ART in women prior to pregnancy, during pregnancy and in the postpartum period. Of 195 reporting countries, 78 have already adapted the revised guidelines and 32 are currently undergoing this revision. Recommendations for infant testing, prophylaxis and treatment were revised using new evidence to improve programme performance and patient outcomes. In 2020, WHO, UNICEF and the UNAIDS Secretariat also supported efforts towards validation and prevalidation of the elimination of vertical transmission of HIV, syphilis and, more recently, hepatitis B in Botswana, Dominica, Namibia, Rwanda, Uzbekistan and Zimbabwe.

<sup>1</sup> This indicator measurement is only applicable to generalized epidemic with HIV prevalence of higher than 1% (female adults).

Women represent about one third of the estimated 271 million people who use drugs and 20% of the estimated 11 million people who inject drugs globally. Women in prisons represent around 7% of the total prison population. Led by UNODC—and in collaboration with WHO, UNICEF, UNFPA, UN Women, the UNAIDS Secretariat and the International Network of people who use drugs—a technical brief on prevention of vertical transmission of HIV, hepatitis B and C, and syphilis among women who use drugs was developed to support country efforts. A series of consultations with a global expert group initiated by UNODC led to the development of a monitoring tool on the prevention of vertical transmission of HIV in prisons.

WFP provided food and nutrition support to vulnerable pregnant and breastfeeding women living with HIV, and TB patients in humanitarian, refugee and other food insecure contexts. In Kenya, Malawi, Uganda and the United Republic of Tanzania. WFP provided technical support to integrate activities for preventing vertical transmission of HIV as part of maternal and child health and nutrition services, including growth monitoring, vaccinations, micronutrient supplementation, nutrition assessment, education and counselling. To mitigate the impact of the COVID-19 pandemic, WFP provided pregnant and lactating women with fortified nutritional supplements, cash transfers and COVID-19 hygiene and prevention kits combined with sensitization on COVID-19. UNHCR supported HIV services for refugees and other displaced populations affected by humanitarian emergencies, providing HIV testing and counselling to more than 150 000 pregnant women across Africa, Asia and the Middle-East and rolling out prevention-of- vertical-transmission training tools to enhance capacities of managers and clinicians in risk-prone, emergency-affected and fragile settings.

With the onset of the COVID-19 pandemic, the Global Financing Facility for Women, Children and Adolescents focused on ensuring continued access to essential services for vulnerable women and children, including nutrition and HIV-related services. The World Bank continued to support women and children's health and HIV needs through operational projects and financing, including bonds and the work of the Financing Facility. For example, a project in Central African Republic, operated in collaboration with UNICEF, provided PMTCT and other essential services free of charge to 312 063 people, as of December 2020. In 2020, UNFPA continued to lead the procurement and distribution of reproductive health commodities, including male and female condoms, lubricants, contraceptives, HIV test kits and STI supplies, worth approximately US\$ 115 million. These efforts were supplemented by additional grant financing from the Global Financing Facility and technical assistance, which helped partner countries prioritize and plan for the continuation of SRH services, strengthening of frontline delivery, and removal of commodity constraints.

## Key challenges and future actions

Within this SRA, three important challenges persist that have prevented the global community from realizing the super-Fast-Track target to reduce new infections to fewer than 20 000 globally: (a) recently acquired HIV infection in pregnant and breastfeeding women who were HIV-negative when first tested in antenatal care; (b) women who still do not have access to ART, particularly in high-prevalence and populous countries, and; (c) poor retention of pregnant women on ART during pregnancy and the breastfeeding period, with poor adherence to medication resulting in viral rebound. These challenges have been compounded by the COVID-19 pandemic, which caused significant disruption in HIV services for women and children.

There are multiple factors contributing to many pregnant and breastfeeding women not receiving ART. Discriminatory laws, user fees, long and costly travel to health services, and stigma and discrimination negatively affected uptake even where maternal child health services are available. Even in countries with high coverage of the first antenatal care visit, support systems for maintaining high retention for antenatal and postnatal visits are frequently poor. Improved data analysis is needed to identify where these gaps are so that strategies such as community support approaches can be introduced to enhance the testing, treatment and retention cascade.

Pregnant adolescents have lower adherence and retention in care and higher vertical transmission rates. Women in prison are especially vulnerable to infection with HIV and other communicable diseases. HIV prevention, diagnosis, treatment and care services are often poor and not gender-responsive, and babies born in prisons are at high risk of vertical transmission. The rate of unintended or unplanned pregnancies is generally high in women who use drugs, making them and their children vulnerable to HIV.

Future actions include analysis of the source of new child infections using the stack bar analytical framework, to efficiently allocate resources. The actions include: (a) retesting previously HIV-negative pregnant and lactating women and providing them with prevention interventions, including pre-exposure prophylaxis (PrEP); (b) targeting settings where the majority of women lack access to ARV treatment; (c) making sure women who start ART are retained in care and adhere to treatment during pregnancy and the breastfeeding period; and (d) promoting HIV testing as part of the health services provided to pregnant and lactating women and children, including increasing referral linkages between nutrition programmes and HIV testing services.

Greater effort is needed in regions with low-prevalence and concentrated HIV epidemics. UNICEF, WHO, and the UNAIDS Secretariat are reviewing best practices to inform future operational guidance and tools that will be finalized and disseminated in 2021. Efforts will be made to better engage the reproductive, maternal, new-born, child and adolescent health

community to effectively integrate HIV services with maternal, new-born, child and adolescent health platforms, with additional focus on adolescent girls and young women.

Drug optimization will continue to be an important area of work, with a strong focus on the introduction of dolutegravir for women, including pregnant women and children. Prevention of vertical transmission of HIV will be prioritized in actions targeting key populations and the training packages for women who use drugs will be rolled out, along with monitoring and evaluation tools for HIV services in prison settings.

In the context of humanitarian settings, increased attention will be given to the supply of commodities to avert disruption and stock-outs in countries experiencing emergencies. The Joint Programme will continue to support comprehensive, effective programming that addresses critical components of prevention of vertical transmission of HIV and integrates them into broader health and sectors such as nutrition, immunization, early childhood development and social protection systems.

The Joint Programme will include project lending and support, innovative financing, and leveraging the power of the private sector through partnerships and International Finance Corporation investments. To close critical gaps and accelerate progress a new framework to drive renewed global commitment and support and maintain UN collective technical capacity to prevent vertical transmission agendas will be prioritized.





**UNAIDS**

20 Avenue Appia  
CH-1211 Geneva 27  
Switzerland

+41 22 791 3666

[unaids.org](http://unaids.org)