

UNAIDS 2022

SRA 2: Elimination of mother-to-child transmission

SRA report 2021

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SRA 2: Elimination of mother-to-child transmission



New HIV infections among children eliminated and their mothers' health and well-being is sustained

Global overview

New HIV infections among children (aged 0–14 years) declined by 52% from 2010 to 2020 thanks to stepped-up efforts to prevent mother-to-child transmission of HIV (PMTCT). Global coverage of ART among pregnant women rose from 17% in 2010 to 85% in 2020. However, coverage has stalled in the past five years and high global coverage masks deep inequities between and within regions, as well as persistent challenges with respect to retention in care.

ART coverage among pregnant women ranges from 95% in eastern and southern Africa to a low 25% in the Middle East and North Africa, with coverage declining from 71% to 56% in South Africa in 2020 due to the impact of COVID-19. Persistent challenges include inadequate prioritization of interventions, lack of community support and engagement and insufficient linkage of HIV with other aspects of sexual and reproductive health (SRH) in policy and planning, health systems and service delivery. ART coverage decreased in South Asia in the past year from 71% to 56%, due to COVID-19.

Adolescent and young mothers (pregnant and parenting women 15–24 years old) experience disproportionate risks of acquiring HIV. Adolescent and young mothers (pregnant and parenting women 15–24 years old) living with HIV risk missing out on services and interventions that are designed primarily for adults. This is reflected in their suboptimal access to antenatal care and HIV testing and ART in many countries. These factors result in unacceptably high numbers of new cases of HIV in children. In 2020, an estimated 150 000 children aged 0–14 years were newly infected with HIV, bringing the total number of children living with HIV to 1.7 million; 86% of new infections in children occurred in sub-Saharan Africa.

Joint Programme contribution towards achieving SRA 2

UBRAF indicator progress

Indicator 2.1: Percentage of countries implementing latest EMTCT guidance	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 UBRAF target– –100%							
Status							
	64%	67%	63%	67%	68%	71%	↑
Measurements							
Life-long treatment is offered to all HIV-positive pregnant women	99%	100%	98%	100%	100%	100%	↑

Repeat testing of HIV-negative pregnant and breastfeeding women is offered ¹	85% [N=39]	90% [N=39]	92% [N=39]	90% [N=39]	90% [N=39]	100% [N=34]	↑
Partner testing of HIV-positive pregnant women in antenatal care settings is offered	91%	89%	87%	92%	91%	92%	↑
Networks of women, including of women living with HIV, are engaged in EMTCT strategy development and service implementation	76%	76%	74%	74%	74%	77%	↑
<p>The UBRAF target of 100% was not met, although the shares of countries providing various services (see measurement questions) are quite high—with lifelong testing for HIV-positive women and repeat testing of HIV-negative women available in 100% of reporting countries. However, only 72% of countries provided all those components. This implies that more work is needed, especially with regards to engagement of networks of women, including women living with HIV, in EMTCT strategy development and service implementation.</p>							

Top achievements in 2020–2021

Continued strengthening of PMTCT through integration in global and national health policies and systems

The Joint Programme continued to strengthen PMTCT programming by promoting the integration of PMTCT services in global and national health policies and in maternal and child health services and systems. This included greater differentiated service delivery for pregnant and post-partum women, children and adolescents along the continuum of care and according to age. WHO led country policy reviews and implementation through revisions to global and country guidance to strengthen the effective integration of HIV into health systems. Countries were encouraged to aim for the triple elimination of mother to child transmission of HIV, syphilis and hepatitis B virus through integrated prevention efforts.

WFP provided technical support in several high-burden contexts to integrate PMTCT in maternal and child health and nutrition services, ensuring that mothers and infants obtain growth monitoring, vaccinations, micronutrient supplements, nutrition assessments, education, counselling and complementary foods. UNFPA supported seven countries in sub-Saharan Africa to link HIV with other aspects of SRHR service policy and delivery. Capacity building of service providers and health-care workers was prioritized in areas such as counselling, provision of an expanded range of contraceptive methods, and STI/HIV management and treatment.

Enhanced integration and normative guidance for programme implementation helped ensure the continuation of PMTCT services during the COVID-19 pandemic. WHO published and disseminated guidance for breastfeeding in the context of COVID-19 to prevent loss of programme gains due to the pandemic. WHO also offered remote support to countries to revise national guidelines, optimize treatment for children, including the introduction of dolutegravir, and inform the development of Global Fund applications. WHO also supported

¹ This indicator measurement is only applicable to generalized epidemic with HIV prevalence of higher than 1%.

12 countries via monthly virtual meetings to adapt and respond to implementation challenges presented by the pandemic.

In 2021, WHO held monthly technical paediatric and adolescent webinars, reaching 67 countries, to further support the dissemination and implementation of WHO guidelines and recommendations for children and adolescents living with HIV. A gap analysis for the Last Mile to EMTCT Framework—developed by UNICEF, the UNAIDS Secretariat and WHO—has been used by countries, particularly in Sub-Saharan Africa, to obtain improved data, strengthen strategies, mobilize resources, and strengthen PMTCT programming. WHO revised existing guidelines for use of ART in pre-pregnancy, pregnancy and postpartum women and for infant prophylaxis and treatment, using new evidence to better inform decisions. In addition, WHO published a policy brief for the comprehensive package of care for infants and young children exposed to HIV and a policy brief for transitioning to the 2021 optimal formulary for ARV drugs for children. It also launched the paediatric ARV dosing dashboard. Following the ECHO trials,² ministries of health, with the support of WHO, UNFPA and other partners, have reviewed how service integration can be further strengthened to ensure that all women seeking antenatal care obtain HIV prevention and treatment services.

Building on past learning regarding HIV-affected adolescent mothers and their children, WHO and UNICEF developed and launched a strategic policy document that sets out strategic actions for contextualizing, planning and delivering youth-friendly health services for pregnant and young mothers living with HIV.

Validation of 15 countries as having eliminated mother to child transmission of HIV and/or syphilis

WHO, UNICEF and UNAIDS Secretariat continued to support countries to apply to be validated as having eliminated mother to child transmission of HIV or being on the "path to elimination". WHO published revised global guidance on the validation process in November 2021. As of that date, 15 countries had been validated for EMTCT of HIV and/or syphilis. Importantly, Botswana in 2021 became the first high-burden country to achieve the "silver tier" certification status on the path to EMTCT of HIV. An increasing number of countries have strategies to eliminate mother-to-child transmission of HIV and syphilis, and more are being supported to incorporate the EMTCT of hepatitis B.

HIV services delivery to pregnant women and children in humanitarian settings

Cosponsors, together with other partners, delivered life-saving HIV services to pregnant women and children in humanitarian settings. For example, in the Congo, WFP maintained 90% programme coverage for planned programming in-country for the management of acute malnutrition among pregnant and breastfeeding women, of whom roughly 18–20% are living with HIV. Among children aged 0–5 years, coverage reached 99% in 2021. 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.

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² Evidence for Contraceptive Options in HIV Outcomes. See <http://echo-consortium.com/>

In refugee settings, UNHCR provided HIV counselling and testing to more than 182 000 pregnant women across 35 countries in 2020–2021 and it initiated ART within 72 hours of delivery for 881 HIV-exposed infants. In response to COVID-19, UNHCR worked with partners such as the Ethiopian Mother to Mother Peer Support Group to strengthen home-based care by creating a hotline to ensure ART, care and follow-up. The Global Financing Facility for Women, Children and Adolescents at the World Bank focused on ensuring continued access to essential services for women and children, including HIV-related services (as of mid-2021, US\$ 815 million had been committed for 46 projects), and the World Bank addressed women and children’s health and HIV needs through other operational projects and financing, including bond issuances.

Access to PMTCT services to pregnant women most at risk of HIV, including women who use drugs and those in prison

The Joint Programme also further advanced access to PMTCT services to pregnant women most at risk of HIV, including adolescent girls and young women. In 2021, UNODC—jointly with WHO, UNICEF, UNFPA, UN Women, the UNAIDS Secretariat, and the International Network of People who use Drugs—launched a technical guide, “Addressing the specific needs of women who use drugs: prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis”, to support countries in providing high-quality HIV, PMTCT and SRH services to women who use drugs, and their children.

At the 64th session of the Commission on Narcotic Drugs 2021, UNODC organized a side event, “Ensuring access to measures for the prevention of mother-to-child transmission of HIV among women who use drugs and women in prison”, with the International Network of People Who Use Drugs, WHO, the Secretariat and other partners. At the High-Level Meeting 2021, UNODC organized the side event, “Addressing the needs of women who use drugs”, with the International AIDS Society, the International Network of People Who Use Drugs and WHO. UNODC also published (in 2020) a technical guide on PMTCT of HIV in prisons, jointly with WHO, UNFPA, UN Women, and the Secretariat, using the guide for capacity building for policy-makers, prison authorities and staff, health-care providers and civil society organizations across 32 countries. In 2021, UNODC and partners developed and field-tested a tool for monitoring epidemiological trends in mother-to-child transmission of HIV, hepatitis B and syphilis in prisons and the availability of prevention services, with further roll-out planned in 2022.

Key challenges and lessons learned

Neither the 2018 nor the 2020 targets for EMTCT and sustaining the health and well-being of mothers were met. To accelerate progress, data should be used more effectively to identify gaps and plan effectively to address them. Too many children and adolescents living with HIV remain undiagnosed, despite the existence of effective interventions. There is still insufficient implementation of point-of-care early infant diagnosis, index-case testing and provider-initiated testing and counselling at key entry points. In addition, delays have occurred with transitions to more optimal regimens for children and adolescents, with slow uptake of differentiated service delivery models, compounded by drug shortages. The COVID-19 pandemic has reduced access to facilities and greatly affected uptake of facility-based

services, including by children. Human resource deficits persist, and many countries are struggling to continue the prioritization of EMTCT and paediatric care and treatment. The Organization of African First Ladies for Development is actively working to maintain paediatric AIDS on the political agenda.

Expanded access to essential HIV services among pregnant and breastfeeding women is vital for ending AIDS by 2030. Introducing interventions such as PrEP and partner testing, as well as retesting women during pregnancy and breastfeeding, can help prevent incident infections and reduce vertical transmission. Further efforts are needed to understand and respond to subnational gaps in PMTCT services, such as those in Kenya, where UNICEF, WHO and the Secretariat are supporting enhanced use of subnational data to inform and guide efforts to close gaps in the five countries with greatest unmet need.

PMTCT programmes must be integrated in broader maternal and child health and nutrition services. Additional advocacy and technical support by the Joint Programme are being focused on accelerating the integration of HIV services in health systems, including through enhanced investments and training of health-care providers. Further linkages are still needed between HIV prevention programming for women and girls, family planning, HIV testing for pregnant and breastfeeding women, and referrals (where required) for HIV treatment initiation and retention in care during pregnancy and delivery.

Service gaps among the most marginalized pregnant and breastfeeding women and their children undermine efforts to cover the "last mile" towards EMTCT. This requires dedicated programming overcome the stigma, discrimination and other legal and social barriers that increase vulnerability and diminish service access, including among women in prison and women who use drugs. The quality of ante- and postnatal care, including PMTCT services, needs to improve further in humanitarian or refugee settings. Focused efforts are needed in refugee settings to reduce loss-to-follow-up of infants born to women who are living with HIV. Further support from Joint Programme and other partners will be required to address supply chain issues of paediatric formulations of ART in these settings.

To reach more pregnant and parenting adolescents, UNICEF and other partners are developing a new integrated package of primary health-care services and developing guidance to enhance programming for pregnant and parenting adolescents. The focus is on self-care, peer support platforms, better access to testing (including HIV self-testing), provision of early childhood development and parenting support, and building the capacity of health-care workers to be more responsive to adolescents. UNICEF and other partners are also working to expand a young mothers' learning network to include priority countries.

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