Mother with her infant accessing ARV prophylaxis at General Hospital Zing, Photo by Adelaja Temilade for EGPAF, 2023

African Plan Towards the Elimination Of New HIV Infections Among Children By 2025 and Keeping Their Mothers Alive

November 2023

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Acronyms and Abbreviations

AEVT	Africa Elimination of Vertical Transmission of HIV, Syphilis and HBV
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ARV	Antiretroviral
AU	African Union
AUC	African Union Commission
CAP	Common Africa Position
CHW	Community Health Worker
CSO	Civil Society Organization
ESA	Eastern and Southern Africa
EMTCT	Elimination of Mother-to-Child Transmission
HBIG	Hepatitis Immune Globin
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
MTCT	Mother-to-Child Transmission
OAFLAD	Organization of African First Ladies for Development
PMTCT	Prevention of Mother-to-Child Transmission
PBFW	Pregnant and Breastfeeding Women
PoC	Point of Care
REC	Regional Economic Community
RMEF	Results Monitoring and Evaluation Framework
RMNCH	Reproductive, Maternal, Newborn, and Child Health
TB	Tuberculosis
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
VL	Viral Load
WCA	West and Central Africa
WHO	World Health Organisation

Foreword

The African continent has undergone a remarkable transformation in combating the paediatric HIV epidemic, marked by significant progress. This progress is attributable to the continent's strong political commitment, increased funding, scientific breakthroughs, and the implementation of innovative evidence-based strategies aligned with global, continental, and national recommendations.

Despite notable progress in Eastern and Southern Africa, challenges persist in the Western, Central, and Northern African regions, particularly concerning key Prevention of Mother-To-Child Transmission (PMTCT) indicators. The juxtaposition of low national HIV prevalence rates with high Mother-To-Child Transmission (MTCT) rates in these regions is a cause for concern.

Moreover, the COVID-19 pandemic has exacerbated the situation, disrupting PMTCT services and hindering progress made by African Union Member States. The pandemic underscored the inadequacies in responding to PMTCT service delivery amidst a crisis, emphasizing the urgent need for stronger and more equitable efforts to prevent and address such outbreaks.

In response to these challenges, the African Union Commission, in collaboration with its partners, has developed the "Africa Elimination of Vertical Transmission of HIV, Syphilis, and HBV Plan by 2030 and Keeping their Mothers Alive" (AEVT) Plan. This plan serves as an accountability framework, guiding the continent towards strategically focused responses to achieve the goals of ending AIDS, viral hepatitis B and C, and sexually transmitted infections by 2030.

The AEVT Plan draws upon lessons learned and commitments made by Member States through various declarations and initiatives, providing a comprehensive roadmap for enhancing efficiency, effectiveness, and sustainability in combating vertical transmission.

In conclusion, the AEVT Plan represents a collaborative effort towards achieving a healthier and more resilient African continent. Its successful implementation relies on the active participation of all Member States and stakeholders.

H.E Minata SAMATE CESSOUMA

Commissioner

Health, Humanitarian Affairs and Social Development

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This strategy is the culmination of dedicated efforts from numerous individuals, institutions, and organizations. It serves as a coordination platform for key AU organs, Regional Economic Communities, Regional Health Organizations, government agencies, civil society, development partners, private sector entities, academia, and implementing partners. The Commission extends its sincere appreciation to the African Union Member States for their extensive contributions and provision of vital information for the development of this document. Special recognition is accorded to the Republic of Cameroon, Democratic Republic of Congo, Republic of Equatorial Guinea, Republic of Kenya, Republic of South Sudan, Republic of Uganda, State of Libya, Islamic Republic of Mauritania, Kingdom of Morocco, Republic of Angola, Kingdom of Eswatini, Republic of South Africa, Republic of Guinea Bissau, Federal Republic of Nigeria, and Republic of Sierra Leone.

The Commission also acknowledges the generous financial support from UNAIDS and EGPAF, as well as the technical assistance provided by UNAIDS, EGPAF, UNICEF, WHO, and Genesis Analytics. The leadership and technical guidance provided by our development partners are indispensable. Their commitment to a comprehensively coherent continental response is crucial for achieving a child in Africa free from HIV, syphilis, and HBV infections.

Special recognition is extended to the AIDS Watch Africa (AWA) team, hosted within the division of Health Systems, Diseases, and Nutrition, Directorate of Health and Humanitarian Affairs of the Commission. Their significant contributions facilitated the finalization of this strategy, for which the Commission remains deeply appreciative. The Commission will continue to rely on AWA to lead advocacy, ensure accountability, and mobilize resources as we strive towards a robust African response to end infections among children by 2030.

Finally, the Commission expresses its gratitude to the expertise and services provided by consultants, Mr. Punishment Peter Chibatamoto (Lead Consultant) and Dr. Lamboly Guy-Noel Kumboneki (HIV Consultant), for their overall technical leadership and guidance in the development of this strategy. Their contributions have been invaluable to this endeavor.

Executive Summary

In 2011, the African Union Commission (AUC) facilitated the process of developing an "Africa Plan Towards Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive" (African Plan). This was an accountability framework for tracking progress towards achieving the set goals of the AU Policy Instruments on Health. The objective of the Africa Plan was to domesticate the Global Plan, and create African ownership for the global elimination of the mother-to-child transmission initiative.

After the expiry of the African Plan, the AUC undertook a review process taking cognizance of the emerging global and continental practices to understand the progress achieved and identify the gaps in reaching the set goals. This document is a product of desk review (continental and global reports, policy frameworks and planning instruments) and consultative processes involving key stakeholders (government, civil society and development partners) from 15 selected Member States of the five African Union (AU) regions. The countries comprising 27% of the 55 African Union Member States were selected based on a) covering the AU five regions (each region with three countries), b) representation of the six AU languages (all the six AU languages were represented), c) representation of members of the Global Alliance to end AIDS in children by 2030 (Angola and Kenya represent this group) and d) mix of HIV burden, prevalence, MTCT rate and incidence of HIV among AGYW.

Africa has made significant progress in the HIV response due to increased funding, strong political commitment and scientific breakthroughs. Over the years, the continent has created a conducive policy environment for the coordination and implementation of the elimination of vertical transmission services using innovative evidence-based strategies aligned to global, continental, and national recommendations and guidelines. These effective interventions have succeeded in reducing vertical transmission in the Eastern and Southern Africa (ESA) regions. Despite these positive indications in ESA, the Western and Central Africa (WCA) regions lag behind ESA in several indicators. Most of these infections are associated with gaps in HIV prevention, diagnosis and treatment services for pregnant and breastfeeding women (PBFW).

Drawing on lessons learned in the past decade and existing opportunities, and expanding the focus of the Common Africa Position (CAP) on the 2021 High-Level Meeting of the General Assembly on HIV/AIDS, the Cairo Declaration on Hepatitis in Africa, and the Dar-es-Salaam Declaration to end AIDS in children to include syphilis and HBV, in line with the World Health Organisation (WHO) triple elimination initiative and recommendations of the review of first Africa Plan, the AUC has developed the "Africa Plan Towards The Elimination Of Vertical Transmission Of New HIV, Syphilis And Hepatitis B Virus Infections Among Children By 2030 And Keeping Their Mothers Alive Plan by 2030 and Keeping their Mothers Alive (AEVT) Plan. The revised plan provides a strategic guiding framework for AU Member States to coordinate the implementation of an integrated approach towards achieving triple elimination of vertical transmission of HIV, syphilis and Hepatitis B virus (HBV) in Africa. It addresses key barriers to the reduction of the continent's burden of HIV, syphilis and HBV infections among children and their mothers. The AUC and its organs will strengthen, coordinate and advocate for the provision of resources for the elimination of vertical transmission of HIV, Syphilis and HBV infections.

The adopted pillars for the AEVT Plan are a) early testing among children exposed to HIV, syphilis and HBV; b) closing the treatment gap among PBFW and children exposed to HIV, syphilis and HBV; c) prevention of new HIV, syphilis and HBV infections among PBFW; and d) breaking down barriers to access to integrated services. Based on these pillars, the AEVT plan guides galvanizing political advocacy for the last mile toward the elimination of vertical transmission of HIV, syphilis and HBV in Africa by 2030. This AEVT provides the anchor to achieve these goals a) prioritize strong political commitment, leadership, good governance and resources; b) promote integrated quality care for women, children and their families; c) strengthen community engagement, human rights and gender equality; and facilitate coordinated monitoring and evaluation of robust paediatric response to HIV, syphilis and HBV.

1.0 Strategic Orientation of the Updated Africa Plan

1.1 Contextual Framework

While drawing on lessons learned in the past decade and existing opportunities, the AEVT Plan expands the focus of the Common Africa Position (CAP) on the 2021 High-Level Meeting of the General Assembly on HIV/AIDS, Cairo Declaration on Hepatitis in Africa and, Dar-es-Salaam Declaration to end AIDS in children to include syphilis and HBV, in line with the WHO triple elimination initiative and recommendations of the review of first Africa eMTCT Plan. The basis for the "triple elimination initiative" is that all three infections are:

- transmitted sexually and vertically from mother to infant;
- often silent with long latency period and infected mothers unaware without symptoms;
- associated with significant maternal and child morbidity and mortality; and
- identified during antenatal care (ANC) and treated to prevent vertical transmission.

Further, the interventions for the elimination of vertical transmission of HIV, syphilis and HBV can be delivered through a common platform of reproductive, antenatal, childbirth, postnatal and childcare. This common platform provides a unique opportunity for the delivery of integrated services for the elimination of vertical transmission of HIV, syphilis and HBV. The approach provides mother-newborn-and-child-centered care, and a holistic continuum of care to PBFW across different African settings. The focus will be on including syphilis and HBV in national plans for the elimination of vertical transmission, and integrating HIV, syphilis and HBV antenatal screening, prevention and treatment interventions into the RMNCH package of services.

While many African countries have embraced the dual elimination of vertical transmission of HIV and syphilis for some time, the guidelines for introducing HBV were released by WHO in 2022. This calls for a change of the elimination strategy to institutionalize the triple elimination initiative given the challenges in introducing new interventions into the already stressed health systems of many Member States. Hence, the AVET Plan proposes a tiered approach in introducing a comprehensive package of interventions for the elimination of vertical transmission of HBV across the continuum of care from pre-pregnancy to postnatal as shown in Figure 1 below.

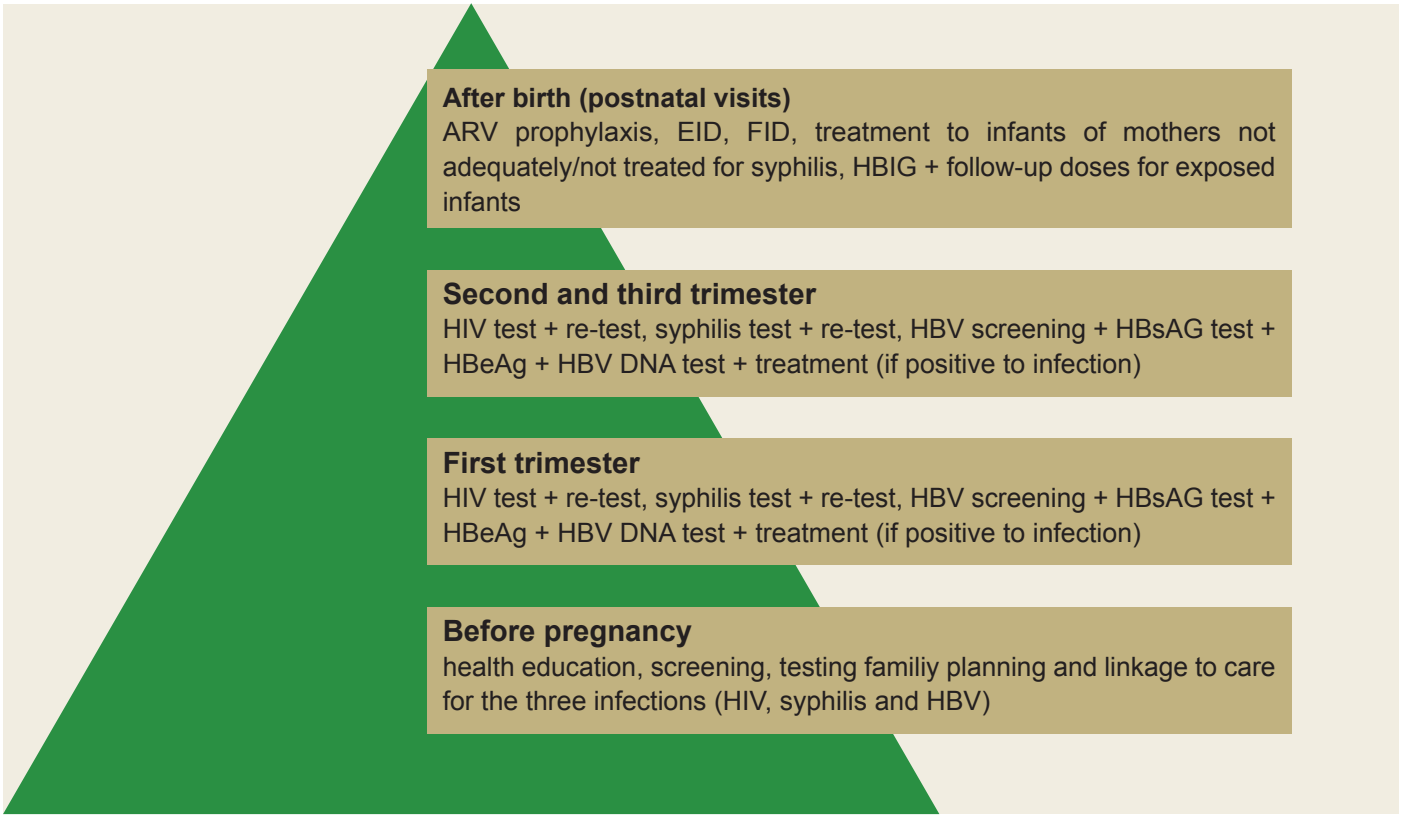

Figure 1: Approach to the elimination of vertical transmission of HIV, syphilis and HBV service delivery

The contextual approach also builds upon successful vaccination programmes to achieve ≤ 0.1% HBsAg prevalence in children under five years by 2030. This target can be achieved through strengthening national HBV vaccination and RMNCH programs. As recommended by WHO, universal immunization of newborns against hepatitis B, including a timely birth dose, and other interventions to prevent mother-to-child transmission of HBV is critical for the elimination of vertical transmission of HBV[1] . Further, a robust integrated RMNCH platform facilitates the provision of services for the prevention of infection HBV in young women, screening and care of pregnant women with chronic hepatitis B infection, and uptake of antiviral drugs and HBIG among infants born to HBsAg-positive mothers.

The integrated approach reduces duplication, fragmentation, and gaps in service provision, hence promoting satisfaction and engagement of PBFW and service providers. Additionally, the integrated and coordinated approach leverages economies of scale, scope, and sharing of lessons learned. This creates greater efficiency, effectiveness and sustainability in resource allocation, utilization, and management within the context of declining external funding for health in some African countries.

This plan aligns with and supports an effort towards achieving Africa's long-term development strategy (Agenda 2063), Africa Health Strategy (2016-2030), Agenda 2030 for Sustainable Development, the Common Africa position on the 2021 Political Declaration of the UN High-Level Meeting, the Catalytic Framework to end AIDS, TB and Eliminate Malaria by 2030, the Global Health Sector strategic framework (2022-2030), WHO Guidelines on PMTCT of Hepatitis B Virus: Guidelines on Antiviral Prophylaxis In Pregnancy (2020), WHO consolidated guidelines on the use of ARVs for treating and preventing HIV infection, WHO guidelines for the treatment of syphilis, and the WHO guidelines on hepatitis B and C testing, including HBV vaccines. All these documents provide a basis for interventions for inclusion in the AEVT Plan and will guide the African continent in implementing strategically focused responses to achieve the goals of ending AIDS, viral hepatitis B and C and sexually transmitted infections by 2030.

The AU envisions healthy and well-nourished citizens and strives to build resilient health systems for universal health coverage across all AU Member States. It is in this context that these initiatives and commitments provide an AEVT Plan encompassing multi-stakeholders-led response and national dialogues for advocacy roadmaps with a focus on human rights, community engagement and gender equality.

1.2 Vision, Mission, Goal, Objectives and Guiding Principles of AEVT Plan

a. **Vision:** An HIV, Syphilis and HBV-free child in Africa through a comprehensively coherent continental response

b. **Mission:** An effective, evidence-driven integrated, and inclusive response to the elimination of vertical transmission of HIV, Syphilis, and HBV in Africa

c. **Goal:** To eliminate vertical transmission of HIV, syphilis and HBV among children and keeping their mothers alive in Africa by 2030

d. **Specific Objectives**

- To reduce the MTCT rate of HIV to less than 2% in non-breastfeeding African populations and less than 5% in breastfeeding African populations by 2030;
- To achieve an African case rate of congenital syphilis of ≤50 per 100,000 live births in Africa by 2030; and
- To attain an HBsAg prevalence of ≤0.1% in the ≤5-year-old birth cohort and an HBV MTCT rate of less than 2% in Africa by 2030.

1 WHO (2020). Prevention of Mother-To-Child Transmission of Hepatitis B Virus: Guidelines On Antiviral Prophylaxis in Pregnancy.

e. Guiding Principles:

The planning and implementation of this plan for the elimination of new HIV infections in children is informed by several guiding principles:

- Country ownership, leadership, accountability and monitoring in adaptation and implementation of the elimination framework at the country level.
- Rights-based approach and gender sensitivity to ensure safeguarding of standard human rights, including the right to safe and confidential services, and autonomy to make informed decisions regarding reproductive health and treatment options.
- A family-centered approach is essential to achieve MTCT elimination goals and improve maternal newborn and child health. The long-term success relies on appropriate integration with existing reproductive health and MNCH services, ensuring client-focused care that supports the mother-infant pair from pregnancy, through labor and delivery, to well-child care.
- Comprehensive approach to ensure optimum infant feeding practices, provision of basic preventive care including nutritional support to mothers and infants, access to other sexual and reproductive health care, including family planning; and access to treatment for mothers and children in need.
- Community ownership to ensure that key actors, including civil societies, and PLWHA, are empowered to play their roles in scaling up interventions at all levels, fostering utilisation of services and sharing responsibility.
- Universal and equitable access to essential health services especially hard to reach and marginalised populations.
- Partnerships and efficiency in financial, technical and human resources allocation and utilization for a sustainable impact.
- Mutual accountability of global, regional and national partners and leadership to ensure achievement of agreed-upon elimination goals.

Sleepy baby Chanela Umumararungu at the Ntarama Health Clinic in Rwanda. Photo by Eric Bond/EGPAF 2019

2.0 Strategic Pillars for AEVT of HIV, Syphilis and HBV Plan

The plan recognizes the different epidemiology typologies across Member States including prevalence, incidence and coverage. Based on the level of the epidemic in different African settings, Member States will analyze the respective countries' typology as described in the situation analysis, and use this for identifying priority and focused actions to facilitate reaching elimination targets. This plan has adopted the four pillars of the "Dar-es-Salaam Declaration for Action to End AIDS in Children in Africa" and expanded it to include the WHO triple initiative for the elimination of vertical transmission of HIV, syphilis and HBV. The pillars will close the testing and treatment gap across all three infections (HIV, syphilis and HBV) to save children's lives in Africa and keep their mothers alive.

The AU member States will continue to demonstrate political commitment, leadership, and good governance and mobilize resources for the implementation of the identified strategies required to eliminate vertical transmission of these three infections. Further, Member States will promote integrated quality care for women, children and their families; strengthen community engagement, human rights and gender equality; and facilitate coordinated monitoring and evaluation of robust paediatric response to HIV, syphilis and HBV.

2.1 Pillar 1: Early testing among women, men and children exposed to HIV, Syphilis and HBV

Early diagnosis of HIV, syphilis and HBV infection minimizes morbidity and mortality. This pillar advocates for creation of a conducive environment for clear guidance on expansion and integration of testing services for women, men, infants and children into national programmes. Barriers to access to optimized comprehensive testing among women, men, infants and children exposed to HIV, syphilis and HBV should be removed for the continent to achieve the triple elimination of vertical transmission initiative.

Specifically, this pillar will focus on the following strategies:

- Develop male involvement strategies for improved health-seeking behaviour among men and boys in the context of testing, treatment and care;
- Utilize CHWs to provide home-based couple intervention elements (family planning and health topics, couple relationship, couple communication skills, active linkage, prevention and treatment services (including PrEP for discordant couples) at various stages of pregnancy;
- Development of explicit policy guidance on testing and counselling services for children exposed to HIV, syphilis and HBV;
- Standardization of country-level protocols for universal testing of children exposed to HIV, syphilis and HBV within private, public and not-for-profit facilities;
- Integration of early testing, treatment and care services for infants and children exposed to HIV, syphilis and HBV into service delivery points for antenatal care, immunization, nutrition, outpatient, inpatient and within programs for other vulnerable children;
- Scale-up provision of age-appropriate, quality, non-discriminatory integrated HIV, syphilis and HBV testing services for infants and children exposed to HIV, syphilis and HBV in the context of universal access, including outreach services for those in difficult-to-reach communities to minimize loss to follow up;
- Scale up multi-modality testing programs to find and link all infants, children and adolescents living with HIV, including POC technology across hub (major testing centers) and spoke (smaller, community health settings) models;

- Monitor and document HIV, syphilis and HBV testing approaches among infants, children, and adolescents living with and children exposed to HIV, syphilis and HBV in different settings; and
- Intensify HBsAg testing, linkage to care and follow-up of infants.

2.2 Pillar 2: Closing the treatment gap among PBFW and children exposed to HIV, Syphilis and HBV

Evidence shows that implementation of treatment and viral load suppression initiatives among PBFW prevents vertical transmission of HIV, syphilis and HBV infections. This pillar is tailored to close the treatment gap by ensuring that all PBFW living with HIV receive lifelong antiretroviral therapy from the time of their diagnosis. Further, all PBFW with syphilis will be treated with at least one injection of 2.4 million units of intramuscular benzathine benzylpenicillin at least 30 days before delivery to prevent vertical transmission of congenital syphilis, and all pregnant women testing positive for HBV infection (HBsAg positive) with a hepatitis B DNA ≥ 200,000 IU/mL (or HBeAg testing positive where hepatitis B DNA is not available) will receive tenofovir prophylaxis from the 28th week of pregnancy at least until birth.

Further, children exposed to HIV and syphilis will be assessed and provided with appropriate follow-up care, including treatment. Infants should receive their first dose of monovalent hepatitis B vaccination at birth, followed by two or three additional infant series according to the national infant vaccination protocol.

Specifically, the following strategies for this pillar will be pursued:

- Scaling up the provision of optimized treatment and care for all pregnant and breastfeeding women infected with HIV, syphilis and HBV and supporting them to stay in care;
- Provision of client-centered multi-month dispensing and decentralized drug delivery for easy access to treatment among pregnant and breastfeeding women;
- Intensification of HIV, syphilis and HBV testing of male partners, and initiation of suppressive ART for male partners with diagnosed but unsuppressed HIV;
- PrEP for HIV-negative female ANC patients with male partners known to be living with HIV or whose HIV status was unknown;
- Providing access to universal treatment for all infants and children exposed to HIV, syphilis and HBV, and support them to remain virally suppressed;
- Fostering the sustainability of lifelong HIV treatment services to ensure a robust and resilient health system that can maintain high-quality services and effectively respond to challenges and other new or emerging health threats;
- Using technologies like mobile phones and automated drug pick-up points, to help support client adherence to medication and health care;
- Facilitation of pooled procurement among RECs, use of generic medicines to lower the price and acceleration of access to the most effective and robust treatment regimens in resource-limited settings;
- Facilitate the provision of maternal antiviral prophylaxis for high maternal HBV DNA viral load or HBeAg-positive women;
- Facilitate increased uptake of antiviral drugs and HBIG among infants born to HBsAg-positive mothers;
- Facilitate the provision of tenofovir for HBV prevention free of charge to pregnant women to bring down their VL during pregnancy.
- Facilitate provision of universal monovalent birth dose vaccine to prevent vertical transmission of hepatitis B virus;

- Provide at least three doses of hepatitis B vaccine, including a timely birth dose within 24 hours; and
- Address the inequity in Hepatitis B care and treatment.

2.3 Pillar 3: Prevention of new HIV, Syphilis and HBV infections among PBFW

Giving antiretroviral medicines to a mother living with HIV during pregnancy significantly reduces the risk of HIV transmission to a child during pregnancy and through breastfeeding. This together with providing ARV prophylaxis to HIV-negative infants during the breastfeeding period are critical interventions for the prevention of new HIV infection. Member States will screen all women for HIV, syphilis and HBV at their first antenatal clinic visit, and offer treatment as needed. Retesting for all three infections will be offered during pregnancy, delivery and breastfeeding, regularly according to national guidelines. Further, HIV retesting during the third trimester and the breastfeeding period in higher-prevalence settings is recommended.

The risk of transmitting HIV through breastfeeding is low when the HIV viral load is undetectable. Additionally, the risk of HBV transmission is negligible if the newborn receives the birth dose of monovalent vaccine within 24 hours of birth. Further, Member States will encourage exclusive breastfeeding for the first 6 months of life, which should be continued for at least 12 months of life. Therefore, this pillar identifies family-centered infection prevention strategies that respond to the family's multiple identities, their social determinants of health, and other factors related to pregnancy and their infant feeding journey. As part of this pillar, women living with HIV, syphilis or HBV will be supported to inform their partner, with follow-up partner testing and management as needed. Further, Member States are encouraged to invest in coordination systems that begin with the prenatal period and continue through weaning stages. These include formal referral systems, follow-up accountability, and protocols during transitions of breastfeeding care from one provider or setting to another.

The following are the strategies for implementation under this pillar:

- Updating national policies, frameworks, guidelines, tools and standard operating procedures that promote continuity of care and prevention of infections among breastfeeding families;
- Development of comprehensive, high-quality, seamless breastfeeding support programs and services, especially among populations most at risk for not breastfeeding;
- Coordination of breastfeeding support training to diversify the lactation workforce, increase the number of lactation support providers who represent communities with low breastfeeding rates, and facilitate continuing education for these providers;
- Facilitate prevention of infection in young women, screening and care of pregnant women with chronic hepatitis B infection,
- Routinely offer HBsAg testing all pregnant women in antenatal clinics with linkages to prevention, care and treatment services in settings with a ≥.2% (intermediate) or ≥.5% (high) HBsAg seroprevalence in the general population,
- Strengthening capacity to deliver culturally relevant strategies for the prevention of infections among pregnant and lactating adolescent girls and women in communities most at risk of not breastfeeding;
- Supporting communities' ability to provide consistent, tailored, evidence-based lactation education and support by regularly training anyone who provides services to families; and
- Intensify partner testing, and HIV retesting in HIV-negative PBFW.

2.4 Pillar 4: Breaking down barriers for access to integrated services

A review of the elimination of vertical transmission programs in Africa indicates that stigma, discrimination, and structural barriers continue to affect every aspect of HIV care. This pillar will utilize the UNAIDS "10-10-

10[2]" targets on societal enablers initiative to address reproductive rights, gender equality and the social and structural barriers that hinder access to services. The pillar provides a platform for empowering, enabling, and encouraging PBFW to access the resources they need for the virtual elimination of vertical transmission of HIV, syphilis and HBV infections. Member States are also encouraged to utilize stigma index data and integrate mental health into vertical transmission programming in addressing reproductive rights, gender equality and the social and structural barriers that hinder access to services for the elimination of vertical transmission of HIV, syphilis and HBV infections.

The following strategies are critical for this pillar:

- Adopt the UNAIDS "10-10-10" targets to address reproductive rights, gender equality and the social and structural barriers and mental health challenges that hinder access to services;
- Harnessing digital technologies to reach adolescents and young women for the prevention of infections during pregnancy and breastfeeding;
- Effective use of stigma index evidence data to counter stigma and discrimination against children at both the institutional and broader societal levels should be utilized for decision-making;
- Facilitation of robust community involvement/engagement with specific mandates regarding the identification of children at risk for or being stigmatized or discriminated against in communities;
- Engage with communities including men to prevent gender-based violence and counter harmful gender norms;
- Intensify initiatives for ending stigma, discrimination, and gender inequities experienced by women, children and adolescents affected by HIV, syphilis and HBV;
- Engage civil society to raise awareness of viral hepatitis and strengthen hepatitis B vaccination program;
- Engagement of men in supporting women and adolescent girls to ensure that mothers are protected from acquiring HIV, syphilis and HBV infections during pregnancy and breastfeeding;
- Prioritize meaningful representation of women, children and adolescents living with HIV in the elimination of vertical transmission decision-making processes (such as technical working groups, National AIDS Councils, Country Coordinating Mechanisms, etc.).

Photo by Eric Bond/EGPAF 2018

2 By 2025 less than 10% of the Member States should have punitive legal and policy environments that deny or limit access to services, less than 10% of adolescent girls and women living with HIV will experience stigma and discrimination, and less than 10% of adolescent girls and women people living with HIV will experience gender inequality and violence

3.0 Drivers of Progress Toward Elimination of Vertical Transmission of HIV, Syphilis and HBV in Africa

The successful implementation of the above strategic pillars rests on common drivers of progress toward the elimination of vertical transmission of HIV, syphilis and HBV as described below:

a. **Advocating for political commitment, leadership, good governance and resources:** The attainment of the continental targets on virtual elimination of vertical transmission of HIV, syphilis and HBV requires strong political commitment, leadership and good governance. The African Heads of State and Government will adhere to their commitments to vertical transmission of HIV, syphilis and HBV, and strengthen, coordinate and resource robust national programs to achieve the vision of the continent. The AUC will foster partnerships with funding partners, development partners, private sector and civil society for collection action toward the implementation of of this plan. Specifically, the following catalytic actions will be prioritized:

    - Ministers and heads of Ministries of Health will ensure an Accountability Framework for the country is submitted to Cabinet documenting processes for monitoring and evaluating performance on this AEVT plan;
    - Advocate for MS to allocate at least 15% of their budget each year to the health sector for improved conditions of health workers
    - High-level political commitment to triple elimination of vertical transmission;
    - Adaptation and use of global, continental and regional policies, technical guidelines, and tools related to the elimination of vertical transmission;
    - Allocation of adequate resources and develop capacities for the provision of integrated interventions for triple elimination;
    - Improved human resources capacity for provision of integrated service delivery, including task shifting as needed;
    - Scaling-up of appropriate health care service delivery models based on epidemiological considerations as well as structural and health system factors at the country level; and
    - Universal access to quality, safe, and effective medicines and supplies.

b. **Integration of quality care for women, newborns, children and their families:** HIV, syphilis and HBV infections have similar modes of transmission and can be detected and treated using the same platforms. This plan therefore provides for greater collaboration between programmes to improve accessibility, effectiveness, efficiency and sustainability of MNCH services for every woman, child and family. The following catalytic actions are critical for effective integration of services for the elimination of the three infections:

    - Map and identify gaps and opportunities for coordination and integration for the elimination of vertical transmission interventions;
    - Update national policies, guidelines and training on reproductive, antenatal, childbirth, postnatal and child care;
    - Develop guidance and tools for health workers and those involved in service provision on interventions related to triple elimination of vertical transmission, including screening, referral, treatment and follow-up within reproductive, antenatal, childbirth, postnatal and child care;
    - Introduce new interventions and technologies related to the elimination of vertical transmission;

- Develop guidance on a tiered approach for additional interventions for triple elimination of vertical transmission; and
- Improve and ensure the quality of interventions, including laboratory services for triple elimination of vertical transmission.

c. **Strengthening community engagement, human rights and gender equality:** The plan reflects the AU's commitment to the principles of human rights, gender equality, and community engagement. The plan promotes freedom of choice and protection of autonomy, confidentiality, and informed consent equally at all times in the context of vertical transmission of HIV, syphilis and HBV. The plan recognizes the importance of gender norms and practices in shaping the enjoyment of sexual and reproductive health and rights of women and health outcomes for their children. Additionally, community protection and resilience will be enhanced through active participation in decision-making and the design, implementation, and evaluation of evidence-based initiatives. The following catalytic actions are prioritized:

- Domesticate the AUC CHW strategy for improved community engagement;
- Mapping community structures, assets, capacities and community-based workforce for improved service delivery;
- Revitalization of primary health care structures, including community-based surveillance and deployment of community workforce;
- Promoting and ensuring gender equality for informed decisions about women's sexuality, reproduction, and protection from infections;
- Active and meaningful engagement of affected women in policy-making process, program development and implementation, advocacy, and service delivery; and
- Institutionalization of community-led monitoring for improved service delivery.

d. **Coordinated monitoring and evaluation of elimination of vertical transmission of HIV, syphilis and HBV.** This plan recognizes the importance of strengthening monitoring, evaluation and surveillance systems across programmatic areas (primary prevention, antenatal care, diagnosis, treatment, linkage and refection to care, and follow-up). The plan will support Member States in generating information to monitor program performance, identify gaps and challenges, compliance with basic human rights, gender equality and community engagement principles. The following catalytic actions are critical in this endeavour:

- Strengthen routine program monitoring at all levels for the improvement of its implementation and service delivery.
- Define national baselines and targets for the achievement of one or more diseases within the triple elimination of vertical transmission initiative.
- Review of national surveillance protocols to ensure that all essential data elements for the monitoring of triple elimination can be collected;
- Development, implementation, or inclusion of primary prevention indicators in population-based surveys. Analysis and use of elimination of vertical; and transmission-related monitoring data for strategic planning and improvements in program and service delivery.

4.0 Roles and responsibilities of various stakeholders

The roles and responsibilities of various stakeholders for the implementation of this plan are consistent with those adopted in the Africa Health Strategy (2016–2030), which are aligned to the expected roles for Agenda 2063, "the Africa We Want". The AUC will therefore, with support from RECs, UN agencies and other development partners, coordinate and oversee the implementation of this updated plan. Civil Society Organizations are key partners in community-led monitoring and engagement for the revitalization of primary health care in the context of the elimination of vertical transmission of the three infections. Table 1 below summarizes the roles and responsibilities of the various stakeholders in the implementation of this plan.

Table 1: Roles and responsibilities of various stakeholders

Institution	Description	Role
AUC	AIDS Watch Africa (AWA) is hosted within the division of Health Systems, Diseases and Nutrition, Directorate of Health and Humanitarian Affairs of the AUC.	AWA is mandated to lead advocacy, accountability, and resource mobilization efforts to advance a robust African response to end AIDS, tuberculosis and malaria by 2030.
REC	The AU recognises RECs as regional groupings of African states. The relationship between the AU and the RECs is mandated by the Abuja Treaty and the AU Constitutive Act, and guided by the: 2008 Protocol on Relations between the RECs and the AU; and the MoU on Cooperation in the Area of Peace and Security between the AU, RECs and the Coordinating Mechanisms of the Regional Standby Brigades of Eastern and Northern Africa. The AU recognises eight RECs[3]	RECs will provide technical support to Member States, advocate for increased resources for the elimination of vertical transmission, harmonize the implementation of national Action Plans, monitor and report progress, identify and share best practices.
Member States	The African Union, a continental body officially launched in 2002 as a successor to the Organisation of African Unity (OAU, 1963-1999), comprises fifty-five (55) Member States	Member States are expected to adapt and incorporate the key strategic priorities of the updated Africa Plan into their national health and multi-sectoral policy instruments. Member States will provide strong leadership in advocacy, governance, legislative frameworks, actions, resource mobilization and allocations to demonstrate ownership of the updated plan. They will undertake monitoring and reporting at the country level to the RECs and Commission. Member States will ensure good governance, participatory and inclusive approaches required to meaningfully and fully engage communities, CSOs and the private sector. They need to ensure that a conducive environment is in place to implement the updated plan, including harmonizing and streamlining their policies, strategies, standards and plans to ensure coherence

3 The AU recognizes eight RECs: Arab Maghreb Union (UMA); Common Market for Eastern and Southern Africa (COMESA); Community of Sahel–Saharan States (CEN–SAD); East African Community (EAC); Economic Community of Central African States (ECCAS); Economic Community of West African States (ECOWAS); Intergovernmental Authority on Development (IGAD)2; Southern African Development Community (SADC). In addition, the Eastern Africa Standby Force Coordination Mechanism (EASFCOM) and North and African Regional Capability (NARC) both have liaison offices at the AU.

Development Partners	These include UN agencies, bilateral and multilateral organizations, philanthropic foundations, international partnerships, international and regional financing institutions, and other international organizations.	Their main role is to contribute their technical assistance and financial investments in support of the triple elimination of vertical transmission initiative. In line with the development cooperation principles, multi-lateral and bilateral organizations and other development partners will align their financial and technical assistance and cooperation plans with national and regional needs and priorities for implementation of the updated plan
Civil Society	These include organizations of women living with HIV, national and international NGOs, officially recognized FBOs, CBOs, trade unions, professional associations, cultural and traditional institutions as well as auxiliary entities such as the National Societies of the Red Cross and Red Crescent Movement, media organizations among others.	The organizations will reflect "meaningful representation of women, children and adolescents living with HIV in decision-making processes (such as technical working groups, National AIDS Councils, Country Coordinating Mechanisms, etc.)". Further, the key stakeholders, including women living with HIV, should be included and play an active role in the conceptualization, advocacy, mobilization, technical assistance, implementation and oversight in support of the triple elimination of vertical transmission initiative.
Private sector	The private sector includes local and international pharmaceutical and medical equipment and commodities manufacturers and traders/agents, medical laboratory service providers, large companies (local, international or multinational; including insurance, banking/ financial services, airlines, construction, agribusiness, utilities, extraction industries, consumer products, ICT technology, heavy industry, other non-health sector actors), small & medium enterprises (formal and informal), partnerships and groups involved in innovative financing for social impact, charitable foundations of companies or individuals, the private health service providers in medical practices, hospitals, clinics and pharmacies, the private health science educational institutions as well as the industrial/ business coalitions, chambers of commerce, among others.	The private sector will provide innovation, material and co-financing inputs that contribute to the expanded financial, human, infrastructural and technological resource base needed to improve health sector performance in Africa.

5.0 Strategic Management of Africa Elimination of Vertical Transmission Plan

5.1 Monitoring, Evaluation, Reporting and Accountability

As outlined in the Africa Health Strategy (2016-2030), Member States are expected to strengthen their monitoring and evaluation system for generation and use of sound data in a timely and accurate manner, with data disaggregated by sex, age and geographic location to enable more focused action. Strengthening the indexing and recording of routine PMTCT of HIV, syphilis and HBV data is critical service delivery. Further, community participation in monitoring the elimination of vertical transmission interventions should be encouraged. Both, a mid-term evaluation and a final evaluation of the AEVT Plan will be conducted to track progress, adjust the course of implementation and bring new insights towards achieving the objectives.

A comprehensive Results Monitoring and Evaluation Framework (RMEF) of the updated Africa Plan will be developed as an integral part of this strategy. The RMEF will be based on a set of global validation criteria, indicators, milestones and targets defined in the third version of Global Guidance on criteria and processes for validation of elimination of vertical transmission of HIV, syphilis and HBV, known as the "Orange Book"[4]. The global guidance document describes a package of interventions and metrics to support the integrated management and monitoring of MTCT of the three infections, across the five regions of AU which have different epidemiological and programmatic contexts. The impact and process targets for elimination of vertical transmission of HIV, syphilis and HBV adopted from WHO for the AEVT Plan are shown in Table 2 below.

Table 2: Impact and process targets for elimination of vertical transmission of HIV, syphilis and HBV

Reproductive, maternal, newborn and child health	Impact targets	Process targets	Maternal treatment	Infant HBV vaccination
ANC coverage (at least one visit) ≥95%	MTCT rate of HIV of <2% in non-breastfeeding populations OR <5% in breastfeeding populations	≥95% ANC coverage (at least one visit) (ANC-1)	≥95% ART coverage of pregnant women living with HIV	≥90% coverage with three doses of HBV infant vaccinations (HepB3)b
Proportion of births attended by skilled health personnel ≥95%	a population case rate of new paediatric HIV infections due to MTCT of ≤50 cases per 100,000 live births	≥95% coverage of HIV testing of pregnant women	≥95% adequate treatment of syphilis-seropositive pregnant women	≥90% HepB timely birth dose coverage (with universal program) or infants at-risk (with targeted timely HepB-BD).

4 Global guidance on criteria and processes for validation: elimination of mother-to- child transmission of HIV, syphilis and hepatitis B virus. Geneva: World Health Organization; 2021. License: CC BY-NC-SA 3.0 IGO.

	a case rate of CS of ≤50 per 100 000 live births	≥95% coverage of syphilis testing of pregnant women in ANC	≥90% coverage with antivirals for eligible HBsAg-positive pregnant women with high viral loads (plus coverage of HBV-exposed babies with HBIg, where available).	
	HBsAg prevalence of ≤0.1% in the ≤5-year-old birth cohort (and older children)	≥90% coverage of HBsAg antenatal testing among pregnant women.		
	In countries that provide targeted timely HepB-BD, an additional impact target of HBV MTCT rate of ≤2% should be utilized.			

The AUC structures will use the above indicators and targets to monitor the achievement of elimination of vertical transmission of HIV, syphilis and HBV across all Member States over a defined period. Additionally, the monitoring and evaluation processes will determine the quality and ability of the national monitoring and surveillance systems to detect the large majority of MTCT cases, in both public and non-public health facilities.

The AUC will support Member States to improve information related to the quality, coverage, outcome and impact of the elimination of vertical transmission of HIV, syphilis and HBV services. These are based on the global WHO validation criteria. The AUC will advocate for a functional system for monitoring and surveillance in Member States to "accurately assess intervention coverage (maternal and infant testing, treatment of all those eligible, determination of infant outcomes for infants exposed to HIV and syphilis and infant HBV vaccination) and can detect the majority of cases of MTCT of HIV, syphilis, and HBV promptly" as provided for in the WHO triple elimination guidelines. Further, the M&E system of Member States will be strengthened to allow the countries to capture service delivery and outcome data from both the public and non-public health sectors. Targets and milestones of the AEVT Plan are derived from the "Orange Book".

The AUC will advocate for periodic reviews at the national, regional and continental levels. This will facilitate the sharing of best practices, effectively address obstacles, strengthen partnerships and accelerate progress in the implementation of the triple elimination of vertical transmission initiative. Further, the AUC will institute an accountability mechanism for the updated plan as part of the existing mechanisms of the evidence generation from the online database www.africahealthstats.org, independent review of the evidence through platforms such as the MNCH task force, AWA experts and the AU statutory meetings where action will be taken and African leaders held accountable for their commitments.

5.2 Communication, Visibility and Awareness

A continental campaign will be launched to promote the implementation of the triple elimination of vertical transmission in all Member States. The campaign will be aimed at promoting, protecting and advocating for the uptake of services towards elimination of vertical transmission of HIV, syphilis and HBV in Africa. The campaign will accelerate an end MTCT of HIV, syphilis and HBV in Africa by enhancing continental awareness of the benefits of the initiative. Further, drawing from lessons learned and good practices from regional or national campaigns that successfully addressed the triple elimination, the campaign will collaborate with partners to build social movement and social mobilization at the grassroots in Member States and increase the capacity of non-state actors to undertake evidence-based policy advocacy including the role of community leadership through various platforms. The campaign will build on existing activities of governments and partners in the elimination of vertical transmission of HIV, syphilis and HBV.

These efforts will increase interest and support for the AEVT plan and provide a communication framework for all AU partners to use in promoting their programs. Some of the goals will include advocacy around the AEVT Plan, accountability and resources. All the AU structures will use various platforms to create awareness of the updated plan and mobilize support around its strategic directions for Member States' ownership of the plan.

As the case with all other AU initiatives and documents, the following platforms will be utilized in disseminating the plan:

- Print, TV, radio and other media;
- Online media, including regular updates, key messages and monitoring metrics published and updated regularly on the websites of the AUC, RECs, Member States and partner organizations;
- Social media, including Facebook, X (formerly known as Twitter), Flicker and others;
- Interactive, online consultations to seek feedback from stakeholders, particularly PBFW, WLHIV, adolescent girls and young women; and
- Regular, structured engagement of officials, parliamentarians, sports celebrities, and leading personalities at suitable events including sporting tournaments, town hall meetings, political rallies and informal platforms (traditional theater, music and other gatherings).

Mother holding child at Ndhiwa sub county hospital Ndhiwa, Homaby. On 25th January 2023. Photo by Kevin Ouma for EGPAF.

Annex 1: Reference Documents

1. Review Report of the Africa Plan towards the elimination of vertical transmission of new HIV infections among children by 2015 and keeping their mothers alive
2. 2020 HIV Prevention Road Map Progress report (both First and Second reports).
3. 2021 Political Declaration on HIV/AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030.
4. 2021 UNAIDS Start Free Stay Free AIDS Free report
5. Africa Health Strategy 2016- 2030,
6. Africa plan for the elimination of mother to child transmission by 2015
7. AU Agenda 2063.
8. AWA Strategic Framework 2016-2030,
9. Catalytic framework to end AIDS, TB and Eliminate Malaria in Africa by 2030,
10. Global Guidance on Criteria and Processes for Validation: Elimination Of Mother-To-Child Transmission Of HIV, Syphilis And Hepatitis B Virus.
11. OAFLAD Free to Shine campaign to end childhood AIDS in Africa
12. WHO guidance on the validation of elimination of mother-to-child Transmission
13. Strengthening HIV primary prevention: five thematic discussion papers to inform country consultations and the development of a global HIV prevention roadmap.
14. The Campaign on Accelerated Reduction of Maternal Mortality in Africa
15. The Global AIDS Strategy 2021-2026
16. The UNAIDS Global AIDS Update Report 2021.
17. United Nations General Assembly Political Declaration on HIV and AIDS: on the Fast Track to accelerating the fight against HIV and ending the AIDS epidemic by 2030. New York United Nations; 2016.
18. WHO framework for an integrated multispectral response to TB, HIV, STIs and hepatitis in the African Region 2021–2030

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