UNAIDS 2026

Result Area 3: Paediatric AIDS, vertical transmission

2025 Performance Monitoring Report

Result Area 3: Paediatric AIDS, vertical transmission

Joint Programme specific outputs in 2024-2025

3.1 Guidance and technical support provided to countries, in particular partner countries within the Global Alliance to end AIDS in children, to identify priority interventions, incorporate these into Global Fund and PEPFAR funding proposals, and implement them in partnership with local organizations and community networks.

3.2 Enhance disaggregated and local-level data collection to track progress towards ending AIDS in children and to better identify specific gaps that stand in the way of progress.

In 2025, the Joint Programme guidance and technical assistance helped reduce gaps in access to paediatric treatment and reduce vertical transmission across all regions while prioritizing high-burden countries. Elimination of paediatric AIDS, and broader triple elimination of vertical transmission of HIV, syphilis and hepatitis B require sustained progress across service delivery quality, testing and treatment coverage for pregnant women and infants, robust data systems, community engagement and formal validation and certification processes.

In 2025, **Maldives** became the first country in the world to **achieve triple elimination** of vertical transmission of HIV, syphilis and hepatitis B.

WHO and UNICEF published a country guidance for planning triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus programmes, which is based on the WHO Triple Elimination Framework, and which helps guide countries in planning country-specific programming to achieve the triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus. WHO also published an implementation guidance that supports children and adolescents living with HIV in the process of disclosure. It includes interventions that focus on safe disclosure and on supporting children and adolescents with onwards disclosure. With support for programme implementation through partnerships with local organizations and community networks, 121 countries reported to WHO having national plans aimed at eliminating vertical HIV transmission, while 106 countries reported having adopted the "Treat All" policies for pregnant and breastfeeding women living with HIV.

In 2025, there were substantial advances in ensuring children and adolescents living with or at risk of HIV can access to lifesaving services. Among the 37 priority HIV countries supported by UNICEF, 33 expanded paediatric interventions, while all adopted innovative diagnostics integrated into primary healthcare. However, triple elimination policies for HIV, syphilis, and hepatitis B remained limited, highlighting the ongoing need for governments to strengthen integrated maternal, newborn and child health systems to achieve full coverage.

UNICEF provided targeted technical guidance to countries for national HIV and maternal, newborn and child health plans, triple elimination policies, paediatric and adolescent HIV case finding, and multisectoral prevention strategies delivered through strengthened primary healthcare. Efforts focused on establishing sustainability pathways for diagnostics and ART, including strategic use of Global Fund allocations and leveraging domestic financing to ensure coherent, long-term HIV programming. Guidance and tools facilitated integrated delivery across health facilities, communities, schools, and digital platforms, while policy reforms addressed barriers facing pregnant

and parenting adolescents. Service delivery achievements included scaling early infant diagnosis, integrating vertical transmission elimination into maternal services, decentralizing paediatric and adolescent ART to community levels, and strengthening clinical mentoring. Differentiated adherence support and peer-led models contributed to improved retention and outcomes. Disaggregated data collection and monitoring allowed countries to track performance, identify gaps, and target interventions for children and adolescents most at risk.

The Secretariat, WHO, and UNICEF continued to drive the Global Alliance to end AIDS in children to close paediatric treatment and vertical transmission gaps in 12 high-burden African countries[1]. This included guidance and technical assistance to identify key paediatric and vertical HIV interventions and integrate them into national responses and policies and Global Fund and PEPFAR funding proposals. A WHO-led working group and monthly dialogues with country programme managers to review programme data, discuss challenges and disseminate new information and resources. The Secretariat led the monitoring and evaluation working group to guide evidence-informed approaches for more equitable access. The Joint Programme support in the Central African Republic enabled stronger community-based prevention of vertical transmission including community-to-facility linkages which reached 5000 pregnant and breastfeeding women in Bossangoa, following the integration of 40 traditional birth attendants into vertical transmission and maternal health services.

In addition, expanded access to diagnostics and commodities supported by the Joint Programme led to early identification and treatment for pregnant women and HIV-exposed infants. In Venezuela, where procurement of HIV and syphilis dual test kits and early infant diagnosis kits provided to 40 000 pregnant women enabled point-of-care diagnosis and early infant diagnosis for HIV-exposed infants.

Technical assistance from the Joint Programme, particularly UNDP through the implementation of Global Fund grants, enabled stronger and stabilized vertical transmission services in countries, including in Iran, Kyrgyzstan and Tajikistan. In the latter, UNFPA supported the integration of national guidelines for the prevention of vertical transmission of HIV into primary health care, successfully enabled 160 providers in the Khatlon Region to offer voluntary HIV counselling, testing and treatment to pregnant women. In India, UNFPA conducted district-level workshops orienting personnel on guidelines related to the minimum package of antenatal care services and the elimination of vertical transmission of HIV and syphilis.

In eastern and southern Africa, technical support to several countries led to data quality improvement and integrated community engagement, human rights and gender equality considerations within national validation reports. The Data Mentorship Programme, a regional capacity-building initiative in the health sector led by UNICEF and the Secretariat was expanded to the western and central Africa region. The University of Zambia develop a similar course to institutionalize the programme into a formal academic training. UNFPA also supported Madagascar in utilizing digital e-voucher referral systems to improve adolescent access to care and prevent maternal mortality, while Burundi and Ethiopia successfully promoted self-care interventions.

As a result of support from the Joint Programme and with key partners, more countries advanced towards the certification of HIV vertical transmission elimination in 2025. This progress included alignment of national policies and frameworks to global strategies; improved readiness for validation and certification, accelerated paediatric HIV prevention and early diagnosis through coordinated multi-partner action; integration of

[1] Angola, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, South Africa, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

triple elimination policies into national HIV strategies; stronger data and quality systems; expanded diagnostic and commodity access for pregnant women and HIV-exposed infants; and community-to-facility linkages. The Joint Programme also contributed technical expertise to the Global Validation Advisory Committee for the elimination of vertical transmission of HIV, such as data analysis, validation of audits, and advocacy leadership, This helped address equity gaps affecting marginalized communities and underserved settings and ensure more human rights-aligned and sustainable processes, with ongoing maintenance recommendations and reviews.

In October 2025, WHO validated the Maldives as the first country to achieve triple elimination of vertical transmission of HIV, syphilis and hepatitis B, a groundbreaking achievement made through integrated antenatal care, immunization and testing. In addition, Brazil was validated for eliminating vertical transmission of HIV, while Botswana reached gold tier status on the path to elimination.

By the end of 2025, a total of 23 countries and territories had reached full validation or the path to elimination for vertical transmission of HIV. To support these processes, the Asia-Pacific Triple EMTCT Roadmap was launched with related progress data from 21 countries. UNICEF and WHO, through the Regional Validation Committee Secretariat, reviewed vertical HIV transmission reports for Barbados, Brazil, the Bahamas, Tajikistan and Turks and Caicos, and conducted in-country verification missions in at least four countries. In addition, multiple countries developed national roadmaps toward validation, including Ecuador, Malawi and Rwanda.

To strengthen national monitoring and evaluation, analytical capabilities and programmes towards the elimination of paediatric AIDS and vertical transmission, the Joint Programme also developed and delivered training programmes on epidemiological modelling and Global AIDS Monitoring (GAM), enhancing countries' ability to track progress and identify gaps to end AIDS in children by 2030. Ahead of World AIDS Day 2025, the *Cost of Inaction on HIV for Children report* developed by UNICEF, the Secretariat and Avenir Health highlighted the potential impact of funding reductions. Including a projected increase in child infections and AIDS-related child deaths by 2040. This catalyzed high-level advocacy efforts globally and strengthened call for urgent resource mobilization. Overall, major gaps remain and children still are very much lagging in the HIV response.

2025 Expenditures and Encumbrances under Result Area 3 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
4 607 215	3 956 389	30 650 300	10 075 301	35 257 515	14 031 690

UNAIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 595 59 92

unaids.org