FORUM: World Health Assembly

QUESTION OF: Measures to Eliminate Vertical Transmission of HIV/AIDS in Southern Africa

MAIN SUBMITTER: Republic of India

CO-SUBMITTERS: French Republic**,** Russian Federation, United Kingdom, Republic of Bulgaria, Republic of Kenya

WORLD HEALTH ASSEMBLY,

Noting with deep concern that an estimated 94,000 children acquired HIV through vertical transmission in 2025,

Emphasizing that only 55% of children living with HIV were receiving antiretroviral therapy (ART) in 2025,

Aware of the UNAIDS Global AIDS Strategy 2026-2031, which promotes collaboration with governments and international partners to reduce new HIV infections and increase access to treatment,

Noting with regret that only one third of individuals living with HIV are receiving proper treatment,

Fully aware of the HIV Impact Network for Vertical Transmission Elimination (HIVE), a multi-country network working with countries including South Africa, Mozambique, Zambia, and Tanzania,

1. Encourages the Southern African member states to improve transportation accessibility in the rural and underserved communities to facilitate easier access to public healthcare services, particularly in the areas of neonatal and maternal healthcare, to help prevent vertical transmission of Human Immunodeficiency Virus (HIV) through:
    a. Providing free or subsidized transportation for pregnant women or designated caregivers accompanying infants who need to attend regular HIV testing, prenatal/postnatal appointments, and follow-up visits, in ways such as but not limited to:
        i. Offer transportation vouchers that can be used on across multiple existing local public transportation system and routes, through coordination with transportation providers,
        ii. Prioritize these services to pregnant women and caregivers who reside far from healthcare facilities, have limited access to public transportation services, or unable to financially afford the services,
    b. Establishing community-based exclusive healthcare transportation services to ensure access of healthcare facilities in areas with limited or unreliable public transportation by measures including:
        i. Providing scheduled shuttle vehicles that connect remote communities with nearby local clinics and hospital,
        ii. Coordinating shuttle schedules with local healthcare facilities to match patients' appointment times,
        iii. Prioritizing the use of this service for appointments and treatments relating to HIV and Acquired Immunodeficiency Syndrome (AIDS) treatment,
    c. Financing the necessary costs of these accessibility improvements through methods such as but not limited to:

i. Coordination with national and local government sectors and their budgets, specifically the ministry of health, finance, and transport to receive adequate funding for necessary maintenance costs of the service,
ii. Establishing bilateral or multilateral partnerships with More Economically Developed Countries (MEDCs) to obtain voluntary financial and in-kind contributions to support the maintained operation of these services,
iii. Utilizing existing eligible international HIV and AIDS related funding programs, including the Global Fund initiatives, to support the transportation expenses directly associated with HIV testing, treatment, maternal and neonatal healthcare under their respective funding guidelines;

2. Calls upon Southern African member states, with financial and technical support from relevant international partners, to improve existing healthcare facilities in rural and underserved communities through ways but not limited to:
    a. Prioritizing the improvement of existing healthcare facilities over the construction of new ones, especially the clinics used to provide maternal, neonatal, and HIV/AIDS related services, by:
        i. Providing essential and adequate medical equipment needed for maternal health examinations and HIV testing,
        ii. Replacing outdated medical equipment with up-to-date equipment and technology to ensure safe and accurate examination,
        iii. Improving basic clinic infrastructure, including access to clean water, reliable electricity, and private spaces, that the healthcare workers can safely provide necessary consultations and treatment,
        iv. Prioritizing clinics that currently lack sufficient medical equipment or supply to treat expected number of patients and creates inefficiency,
    b. Strengthening the availability and continuity of HIV testing and treatment services at participating healthcare facilities by:
        i. Ensuring a consistent supply and a timely distribution of HIV testing kits to participating clinics, particularly the ones that focus on antenatal and maternal healthcare,
        ii. Maintaining sufficient supplies of antiretroviral therapy (ART) medications to prevent interruptions in treatment, with specific attention pregnant and breastfeeding women HIV patients,
        iii. Establishing regular inventory monitoring systems at participating clinics to track the stocks and expiration dates of the HIV testing kits, ART medications, and other essential medical supplies, allowing the facilities to identify and report shortages in advance,
    c. Asking the World Health Organization (WHO) to provide professional yet accessible technical guidance on appropriate medical equipment and standards for HIV-related healthcare services,
    d. Supporting the costs of these improvements through:
        i. UK international development assistance for initial clinic improvements and essential medical equipment,
        ii. Existing Global Fund programs, where eligible, to support HIV testing, treatment supplies, and related health system needs,

iii. Local government healthcare budgets to cover equipment maintenance and the continued supply of essential medical materials;

3. Requests the WHO, in collaboration with Joint United Nations Program on HIV/AIDS (UNAIDS) and United Nations Children's Funds (UNICEF), to provide technical assistance to participating Southern African member states in establishing nationally led monitoring mechanism on the implementation and evaluation of effectiveness of the measures proposed in this resolution through:
    a. Supporting the network of national and local health authorities in establishing or adapting a standardized monitoring framework across participating healthcare facilities to collect and assess progress and effectiveness through measurable indicators, including:
        i. The number and proportion of pregnant women receiving HIV testing,
        ii. The number and proportion of pregnant women diagnosed with HIV who initiate or continue ART treatment during pregnancy,
        iii. The availability of essential medical supplies, including HIV testing kits, ART medication at the participating healthcare facilities,
        iv. The number of infants born to mothers with HIV who receive early HIV diagnostic testing and appropriate follow-up healthcare,
        v. The number of healthcare workers who successfully completed partner supported training programs including the WHO, such as training through Train-the-Trainer model,
        vi. The number of local training sessions conducted through the Train-the-Trainer Model,
        vii. Progress in reducing vertical HIV transmission, assessed using nationally appropriate methods aligned with WHO, UNAIDS,
    b. Evaluating the improvement in healthcare accessibility by:
        i. Monitoring the number of pregnant women and infant caregivers who utilize transportation vouchers and community shuttle services to attend HIV-related maternal, antenatal, and neonatal services,
        ii. Identifying the participating clinics that continue to experience shortages of essential and HIV-related medical supplies and equipment, assessing which areas of community need further support,
        iii. Assessing the availability of essential HIV-related maternal, antenatal, and neonatal services in participating local healthcare facilities,
        iv. Collecting feedback from healthcare workers and patients through voluntary survey or consultations to further identity remaining barriers of accessibility of HIV-related healthcare services, transportation costs, geographical distance, and treatment affordability,
    c. Establishing a regular reporting procedure through which:
        i. Encouraging participating healthcare facilities to submit quarterly progress reports to their respective local health authorities, documenting their performance according to the established monitoring indicators,
        ii. Local health authorities consolidate the reports received from all participating facilities and submit anonymized annual progress summaries to their respective national health authorities,

iii. The national health authorities share the consolidated, anonymized progress reports in collaboration with WHO and UNAIDS through existing reporting mechanisms where they apply their data analysis methods;

4. Supports the introduction and implementation of community-based HIV awareness programs in Southern African countries to combat misinformation and reduce stigma against people living with HIV, particularly pregnant women, through:
    a. Collaborating with Non-Governmental Organizations (NGOs), such as Pediatric-Adolescent Treatment Africa (PATA), and local educational institutions to incorporate programs into pre-existing curricula regarding:
        i. Providing education on the transmission of HIV from mother-to-child during pregnancy, childbirth, and breastfeeding,
        ii. Raising awareness of how ART can significantly reduce the risk of mother-to-child transmission,
        iii. Emphasizing that HIV cannot be transmitted through ordinary social contact, including hugging or sharing meals,
    b. Organizing educational campaigns in places such as:
        i. Schools and community centers to disseminate accurate information on HIV transmission and prevention,
        ii. Local healthcare facilities to inform pregnant women and their families about HIV testing and treatment,
        iii. Rural communities where access to reliable healthcare information may be limited,
    c. Encouraging the participation of people living with HIV in community-based awareness initiatives through:
        i. Encouraging voluntary participation of people living with HIV through local media campaigns to share their experiences and challenge misconceptions and discriminatory attitudes,
        ii. Partnering with local community leaders and influential public figures to promote acceptance and discourage the social exclusion of people living with HIV;

5. Encourages Member States to cooperate with NGOs to expand HIV/AIDS cure research and development efforts globally through:
    a. Providing financial support for underserved communities through collaboration with organizations,
    b. Promoting the integration of advanced research technologies into regional HIV research institutions, including:
        i. Introducing AI-powered biostatistics platforms to facilitate the analysis of extensive genetic datasets,
        ii. Investing in automated high-throughput screening systems to expand the capacity for pharmaceutical research and development,
    c. Strengthening regional research infrastructures through:

i. Establishing shared cloud-based research databases and computational platforms to facilitate international scientific collaboration,
ii. Providing technical assistance, necessary funding, and equipment to under-resourced institutions,

d. Encouraging implementation of campaigns and competitions targeting younger generations interested in biomedical research;

6. Recommends the expansion of Early Infant HIV Diagnosis (EID) programs in Southern African countries to ensure early identification, prevention, and treatment of HIV among exposed infants, through:
    a. Providing appropriate HIV prevention medication for HIV-exposed infants according to clinical risk and national guidelines,
    b. Improving access to infant HIV testing, particularly in rural communities, by:
        i. Introducing Point-of-Care Testing (POCT) at local healthcare facilities to provide faster test results,
        ii. Establishing sample transportation systems to deliver collected samples to regional laboratories when local testing equipment is unavailable,
    c. Ensuring that test results are promptly delivered to caregivers and that infants who test positive are:
        i. Referred for confirmatory testing in accordance with national guidelines,
        ii. Connected to pediatric HIV treatment facilities and provided with appropriate ART as soon as possible,
    d. Providing individualized infant-feeding counselling in accordance with WHO and national guidelines,
    e. Cooperating with WHO and UNICEF to provide technical support, testing supplies, and healthcare worker training;

7. Urges Member States to work with the World Health Organization (WHO) and UNAIDS to develop and improve specialist training for medical staff, nurses and community health workers to improve healthcare delivery and reduce vertical transmission of HIV/AIDS across rural and underdeveloped areas of Southern Africa, through:
    a. Improving the skills of staff to provide HIV testing to pregnant women:
        i. Testing pregnant women for HIV at an appropriate time,
        ii. Starting and maintaining ART therapy to reduce viral load and prevent transmission of infection during pregnancy, birth and breastfeeding,
    b. Training general practitioners and rural health workers to provide HIV testing and ART to pregnant women:
        i. Providing training to improve staff skills so they can provide comprehensive HIV testing and ART,
        ii. Creating a follow up procedure to ensure patients are not lost to follow up,
    c. Training staff to reduce discrimination:
        i. Teaching staff to understand barriers to pregnant women accessing HIV testing and negative attitudes towards pregnant women,

ii. Ensuring a private, supportive environment to ensure patient choice is respected and they are more likely to adhere to ART,

d. Using the WHO validation criteria for elimination of mother-to-child transmission (EMTCT) to ensure consistent quality of services;
    i. Using the standardized quality of service criteria,
    ii. Ensuring health systems can meet the targets set by the UNAIDS Global AIDS Strategy 2026-2031 for equal access and treatment;

8. Encouraging Member States to ensure consistent healthcare and provision of a lifetime of ART with the technical and financial support from the WHO and Global Fund for pregnant or breastfeeding mothers and vulnerable individuals by:
    a. Providing 3–6 month of multi-month treatment to reduce issues with transport:
        i. Providing larger quantities of medicine to eligible individuals and providing easy-to-follow medicine instructions,
        ii. Establishing local pick-up points for rural and underserved areas,
        iii. Conducting regular monitoring of patients to ensure mothers receive consistent treatment,
    b. Increasing the availability of HIV testing and treatment:
        i. Ensuring a consistent supply of HIV testing kits at participating clinics,
        ii. Ensuring enough ART is available to avoid any interruption in treatment,
        iii. Conducting regular monitoring of medical supplies to identify any shortages,
    c. Improving local storage and clinic facilities:
        i. Improving storage facilities to ensure the quality of medicine and providing reliable fridge facilities if required,
        ii. Training local healthcare professionals on how to store pharmaceuticals correctly,
        iii. Implementing digital stock tracking systems along with emergency stock to avoid any issues with the supply chain during seasonal weather events or emergencies,
    d. Providing active follow-ups using CHW programs and the Mentor Mother model:
        i. Conducting regular home visits for individuals not attending appointments or treatment,
        ii. Identifying barriers preventing individuals from attending treatment,
        iii. Referring individuals back to local healthcare facilities and peer support.