



Advancing triple elimination of vertical transmission of HIV, syphilis, and hepatitis B in Africa: outcomes of the Triple Elimination in Africa, 2025 Conference

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The inaugural Triple Elimination Conference in Africa (TECA 2025) was convened in Kampala, Uganda, under the theme “*Unifying Actions, Transforming Futures.*” The meeting brought together ministers of health, African Union representatives, World Health Organization and Africa Centers for Disease Control and Prevention officials, donors, civil society organizations, and community leaders from more than 30 countries. Its purpose was to accelerate progress toward the elimination of mother-to-child transmission (MTCT) of HIV, syphilis, and hepatitis B virus (HBV) by 2030, a target that represents one of the most ambitious and transformative public health goals of this decade.

Conference deliberations emphasized both the significant achievements of recent years and the urgent challenges that remain. Since 2010, UNAIDS data reports that a 62.5% global reduction in paediatric HIV infections has been recorded (from approximately 310,000 to 120,000), and 18 countries have achieved validation for elimination of vertical transmission of either HIV or syphilis. Nevertheless, the African region continues to carry a disproportionate share of the burden. In 2024, an estimated 120,000 children acquired HIV through vertical transmission; congenital syphilis was responsible for some 700,000 new cases annually, leading to 390 000 adverse birth outcomes, including stillbirths and neonatal deaths; and more than 4.3 million children under five years of age were living with chronic HBV infection. These outcomes are largely preventable, yet inequities in access to antenatal testing, treatment, and hepatitis B birth-dose vaccination persist across many countries.

Discussions at TECA 2025 had a common theme of integrated service delivery. Evidence from pilot programmes demonstrated that the use of dual and triple rapid diagnostic tests in antenatal care is not only feasible but also highly cost-effective. When offered at the first antenatal visit, such tests substantially improve uptake, efficiency, and early detection, and are widely acceptable to women and health workers alike. Country examples illustrated the added value of integration beyond diagnostics. Nigeria showcased community-based approaches that involve traditional birth attendants in referral and service delivery, while Namibia and Rwanda demonstrated how inclusion of HIV and syphilis testing within health insurance schemes has expanded equitable access. Uganda, the host nation, highlighted its long-standing commitment to prevention of MTCT and its early



adoption of innovations that have driven down vertical transmission of HIV to historic lows.

Another major theme of the conference was the role of communities in advancing the elimination agenda. Presenters from Zimbabwe, Nigeria, and Kenya described how grassroots organizations and advocacy groups negotiate reduced drug prices, mobilize demand for testing, reduce stigma, and provide peer support to improve retention in care. These examples confirmed that technical innovation alone cannot succeed without meaningful engagement of the communities most affected by HIV, syphilis, and HBV.

Despite these advances, delegates voiced concern that declining global health financing threatens to reverse recent gains. Cuts to key funding streams risk undermining laboratory diagnostics, supply chains, and the health workforce. In response, sessions on financing and market shaping stressed the importance of domestic resource mobilization, innovative public–private partnerships, and pooled procurement mechanisms to secure affordable medicines and diagnostics. Speakers also emphasized the need to strengthen local and regional manufacturing capacity in Africa, supported by regulatory harmonization, to reduce reliance on imports and improve sustainability.

The African Union launched its Africa Elimination of Vertical Transmission (AEVT) Plan, which calls for an integrated one-stop approach to maternal and child health services. The plan highlights the urgency of domestic financing, innovative mechanisms such as progressive taxation and debt relief, and stronger monitoring and accountability systems. Member States were urged to embed triple elimination targets into their national health strategies and to align implementation with broader health systems strengthening efforts.

The conference concluded with a reaffirmation of political will. Ministers of Health from participating countries endorsed the call to action to advance integrated, people-centered service delivery models within their national programs. They recognized that sustaining progress will require not only technical innovation but also resilient supply chains, robust data systems for mother/infant follow-up, and continuous engagement of communities as equal partners in service design and delivery.

The TECA 2025 provided a roadmap for translating commitment into action. The evidence presented demonstrated that elimination of vertical transmission of HIV, syphilis, and HBV is within reach if governments institutionalize integrated service delivery, secure sustainable financing, and expand the role of communities in programme implementation and accountability. The conference also emphasized the importance of regional solidarity and continental leadership in sustaining momentum at a time of shifting global priorities. From Kampala came a powerful call -triple elimination is within reach and urgently needed. By acting with determination today, Africa can secure a future where, by 2030, no child enters the world with HIV, syphilis, or hepatitis B.



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