



WHO Issues First Guidance for Triple Elimination of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B

Global commitment encourages countries to provide the most effective person-centered care to pregnant and breastfeeding women.

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The global community has committed to the [triple elimination](#) of mother-to-child transmission (EMTCT) of HIV, syphilis and hepatitis B virus (HBV) as a public health priority. This global commitment encourages countries to provide the most effective, high-quality and person-centred care available to pregnant and breastfeeding women and girls. In so doing, countries aim to ensure a generation born free of HIV, syphilis and HBV.

At the 13th International AIDS Society (IAS) Conference on HIV Science held in Kigali, Rwanda, from 13-17 July 2025, WHO presented the first-ever [guidance](#) for countries to develop comprehensive and integrated programmes for triple elimination.

The new guidance is based on the [WHO Triple Elimination Framework](#), which promotes an integrated, person-centred approach to preventing transmission of these infections from mothers to their infants along four pillars and four cross-cutting implementation considerations. The guidance also outlines a comprehensive strategy for governments, health-care providers and relevant stakeholders to assess, improve and scale-up elimination programmes.

“The release of this new guidance marks a critical milestone in our collective efforts to end mother-to-child transmission of HIV, syphilis and hepatitis B virus,” said Dr Meg Doherty, Director of WHO’s Global HIV, Hepatitis and Sexually Transmitted Infections Programmes. “It comes at a time when integrated approaches to maternal and child health are needed more than ever to ensure achievement of global targets by 2030 and safeguard the health of future generations.”

Country case studies are presented to illustrate some good practices and to offer models to inform development of country roadmaps for eliminating vertical transmission by 2030.

Country Examples and Lessons for Triple Elimination

Kenya began its triple elimination journey in 2018 by designating a focal team leading to the development of a framework for the EMTCT of HIV, syphilis and HBV in 2022–2023 and establishment of a dedicated Triple Elimination Technical Working Group in 2024. Oversight and operationalization are decentralized to county and sub-county levels for capacity-building and supervision. Representatives of people living with HIV are engaged in advocacy, community sensitization and participation in the development and validation of the national triple elimination framework for 2022–2027.

Kenya offers a range of EMTCT services and documents best practices, relating to the mentoring of mothers, creation and management of peer support groups, dual HIV/syphilis testing and more. The country is working toward introducing a universal HBV birth dose, integrating syphilis and hepatitis B into the MNCH electronic medical record module, diagnosing infants early and addressing commodity shortages.

Namibia expanded the 2020 dual HIV/syphilis elimination strategy to include hepatitis B into a triple elimination strategy in 2023. A situational analysis and stakeholder consultation informed its 2020–2024 roadmap. The country developed an operational plan, updated guidelines, and integrated triple elimination into training and health information systems.

In 2023, [WHO awarded Namibia](#) at the bronze tier for the Path to Elimination of MTCT of HIV. Namibia is also the first and only country to be awarded on the Path to Elimination of MTCT of hepatitis B virus at the silver tier.

To learn more about the experiences in Kenya and Namibia, see [Country Case Examples in Chapter 6](#).

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