

**GUIDANCE**



GLOBAL GUIDANCE ON  
CRITERIA AND PROCESSES FOR VALIDATION:

**ELIMINATION OF  
MOTHER-TO-CHILD  
TRANSMISSION OF  
HIV, SYPHILIS AND  
HEPATITIS B VIRUS**

2021

**MONITORING AND EVALUATION**



**World Health  
Organization**



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## **Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus**

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# FOREWORD

The global community has committed to eliminating mother-to-child transmission (EMTCT), also known as vertical transmission, of HIV and syphilis as a public health priority. In 2014 the World Health Organization (WHO) released the first edition of the *Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV and syphilis*. In 2015 the Global Validation Advisory Committee for EMTCT was established and that same year the first country, Cuba, was validated. The second edition of the guidance, published in 2017, captured the learning from validation efforts, making it more relevant for high burden countries, expanding the capacity of maternal and child health services to address vertical transmission of communicable diseases. This third version includes guidance for validation of elimination of vertical transmission of hepatitis B virus (HBV), within the Triple Elimination Initiative (EMTCT of HIV, syphilis and HBV).

We support the renewed focus to end the epidemics of HIV, viral hepatitis and sexually transmitted infections (STIs) by making sustained investments in disease responses and leveraging health system resources more strategically. The five-year Start Free, Stay Free, AIDS Free framework launched in 2016 by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the US President's Emergency Plan for AIDS Relief (PEPFAR) accelerated efforts to prevent and treat HIV among children and adolescents and young women. The new global health sector strategies on HIV, viral hepatitis and STIs (2022–2030) further advance these efforts, leveraging universal health care, primary health care and health systems strengthening to ensure an integrated approach.

We welcome the revitalized global interest in addressing maternal, newborn and child health issues as well as the strong political will shown by countries in support of the United Nations Secretary General's Global Strategy for Women's, Children's and Adolescent's Health and their determination to dedicate significant resources and attention to achieving the Sustainable Development Goals (SDGs) for health. These goals provide a powerful unifying vision for how to achieve unprecedented gains in human well-being.

We are grateful to our United Nations partners – UNAIDS, the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) – as well as our other partners, including networks of women living with HIV, for their support in preparing this guidance document and their consistent efforts to achieve global EMTCT. While achieving validation of EMTCT is a tremendous accomplishment, maintaining this status is equally important and will require sustained, broad programme efforts to prevent new infections in infants, children and adults.

In all countries success depends on the combined efforts of advocates, policy-makers, health care providers and community representatives. WHO and partners will continue to support countries in strengthening the capacity of health systems to provide comprehensive services that respect and protect the human rights of women living with HIV or HBV and to ensure the involvement of women in service planning and delivery to see that services are non-coercive and the human rights of women, children and families affected by HIV, syphilis and hepatitis are protected.

This third version of the EMTCT global validation guidance document provides standardized processes and consensus-developed criteria to validate EMTCT of HIV, syphilis and HBV and to recognize high burden countries that have made significant progress on the Path to Elimination. The guidance strongly emphasizes country-led accountability, rigorous analysis, intensive programme assessment and multilevel collaboration, including the involvement of communities of women living with HIV or HBV. A harmonized approach to triple elimination is encouraged, but, depending on readiness, countries may choose to pursue validation of single, dual or triple EMTCT.

We are convinced that setting the bar high will result in the best results for all and, in particular, for women and children at risk for HIV, syphilis and HBV. WHO is pleased with the progress of this elimination initiative and anticipates ongoing success by countries and regions in achieving the elimination targets.

**Dr. Meg Doherty,**

Director  
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World Health Organization



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Many professionals from a range of backgrounds and specialties have contributed to the development of this guidance. WHO is sincerely grateful for their time and support. The third version was developed through three virtual consultation meetings with more than 50 experts, including staff and advisors from WHO headquarters and all six WHO regions, members and observers of the Global Validation Advisory Committee for elimination of mother-to-child transmission (EMTCT) of HIV, syphilis and hepatitis B virus (HBV). Collaborators also reviewed and provided detailed written contributions throughout the drafting process to inform this update to the validation criteria and processes.

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