

REGIONAL FRAMEWORK FOR

**The Triple Elimination of Mother-to-Child
Transmission of HIV, Hepatitis B and Syphilis
in Asia and the Pacific, 2018–2030**



Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific, 2018–2030

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ISBN 978 92 9061 855 3

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Cataloguing-in-Publication (CIP) data. 1. Hepatitis B. 2. HIV. 3. Reproductive health. 4. Syphilis. I. World Health Organization Regional Office for the Western Pacific. (NLM Classification: WQ200).

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ABBREVIATIONS

ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral (drug)
EMTCT	elimination of mother-to-child transmission
HBIG	hepatitis B immunoglobulin
HBsAg	hepatitis B surface antigen
HBV	hepatitis B virus
MDGs	Millennium Development Goals
RMNCH	reproductive, maternal, newborn and child health
STI	sexually transmitted infection
SDGs	Sustainable Development Goals
UNICEF	United Nations Children’s Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

ACKNOWLEDGEMENTS

This Regional Framework was developed through contributions from and in collaboration with Member States in Asia and the Pacific, civil society organizations, partner organizations and individuals, including: the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), experts from the Chinese Center for Disease Control and Prevention, the Center for Disease Analysis, the Peter Doherty Institute for Infection and Immunity, the Global Validation Advisory Committee for Elimination of Mother-to-Child Transmission of HIV and Syphilis, the Hepatitis B Immunization Expert Resource Panel, the Independent Review Group for Early Essential Newborn Care, the London School of Hygiene & Tropical Medicine, the National Center for Global Health and Medicine Japan, TREAT Asia (Therapeutics Research, Education, and AIDS Training in Asia), the United States Centers for Disease Control and Prevention, and ZeShan Foundation.

FOREWORD

Every child should be given the best chance to start a healthy life, free from preventable infections.

The *Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)* aims for the highest attainable standards of health and well-being of children. Similarly, in 2016, the World Health Assembly endorsed three interlinked global health sector strategies on HIV, viral hepatitis and sexually transmitted infections for the 2016–2021 period, which set ambitious targets for elimination of mother-to-child transmission (EMTCT) of HIV, hepatitis B and syphilis.

Mother-to-child transmission of these infections can be effectively prevented by simple interventions including antenatal screening and treatment for women and her partners, and vaccination for infants through reproductive, maternal, newborn and child health (RMNCH) services.

However, many infants continue to be born with these preventable and treatable infections in Asia and the Pacific due to limited availability and access to these essential interventions.

EMTCT of each infection shares similar interventions providing an opportunity for synergy and efficient service delivery through the common RMNCH platform. Suboptimal coordination among concerned programmes results in gaps or duplication of activities, thus making these services less accessible for women, children and their families, and thereby decreasing the effectiveness of these services. An introduction of additional interventions may be required to prevent perinatal infection among infants born to mothers with high hepatitis B viral load. However, the current capacity and resources of RMNCH programmes – and more broadly of health systems – limit the availability and

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