

GUIDANCE



GLOBAL GUIDANCE ON
CRITERIA AND PROCESSES FOR VALIDATION:

**ELIMINATION OF
MOTHER-TO-CHILD
TRANSMISSION OF
HIV AND SYPHILIS**

SECOND EDITION
2017

MONITORING AND EVALUATION



**World Health
Organization**

GLOBAL GUIDANCE ON
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Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV and syphilis, 2nd edition.

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FOREWORD

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* (EMTCT). In 2015, the Global Validation Advisory Committee for EMTCT was established and, as of October 2017, eleven countries or territories have been validated for achieving elimination of mother-to-child transmission (MTCT) of HIV and/or syphilis as a public health problem. This second edition of the EMTCT global validation guidance document captures the learning from these validation efforts to date, and reflects WHO's commitment to the global effort to eliminate MTCT of HIV and syphilis, and expand the capacity of maternal and child health services to address vertical transmission of other communicable diseases. Even as we celebrate the achievement of these first countries, we must continue to strive to make this remarkable accomplishment a reality for all.

We welcome the revitalized global interest in this and other maternal, newborn and child health issues. We applaud 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 the determination to dedicate significant resources and attention towards achieving the Sustainable Development Goals for Health (SDGs), which promote universal access to health coverage and to sexual and reproductive health-care services. We support the new *Start Free, Stay Free, AIDS Free* framework to accelerate efforts to prevent and treat HIV among children and adolescents and young women, launched in 2016 by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and US President's Emergency Plan for AIDS Relief (PEPFAR). We are also 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. Countries in different phases of their HIV and syphilis response can learn from each other. 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, and ensure the involvement of women in service planning and delivery. Essential EMTCT services include testing for HIV and syphilis in antenatal care (ANC) clinics, prompt and efficacious interventions to treat women who test positive and prevent transmission of either infection; counselling for women and their partners to reduce transmission risk and ensure appropriate treatment; attended, safe delivery; appropriate follow up of exposed infants; optimal infant-feeding; and lifelong treatment and care for mothers living with HIV. In all countries, success depends on the combined efforts of advocates, policy-makers, health providers and community representatives to ensure that services are non-coercive, and the human rights of women, children and families affected by HIV are protected.

This second edition of the EMTCT global validation guidance document provides standardized processes and consensus-developed criteria to validate EMTCT of HIV and syphilis, and to recognize high-HIV burden countries that have made significant progress on the path to elimination. The guidance places strong emphasis on country-led accountability, rigorous analysis, intensive programme assessment and multilevel collaboration, including the involvement of communities of women living with HIV. It provides guidance to evaluate the country's EMTCT programme, the quality and accuracy of its laboratory and data collection mechanisms, as well as its efforts to uphold human rights and equality of women living with HIV, and their involvement in decision-making processes. 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 and syphilis. WHO is pleased with the initial progress of this elimination initiative, and anticipates ongoing success by countries and regions in achieving the elimination targets.



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Experience from the first countries validated for EMTCT – Cuba, Thailand, Belarus, Republic of Moldova (syphilis only) and Armenia (HIV only), as well as the next six countries and territories of Anguilla, Montserrat, Cayman Islands, Bermuda, Antigua and Barbuda, and St Christopher and Nevis – has been of great assistance in development of the second edition of the global guidance. We particularly thank the programme managers, health-care providers and women living with HIV and syphilis who have enabled countries to start making the impossible possible – ushering in a generation free of HIV and syphilis.

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