



‘Navigating the Path to Triple Elimination’

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The Triple Elimination Initiative

- Global **commitment to elimination** of mother-to-child transmission (EMTCT) OR vertical transmission of HIV, syphilis and hepatitis B virus (HBV) as a public health priority.
- Encourages countries to **simultaneously commit** to EMTCT of HIV, syphilis and HBV, further pushing agenda for **integrated service delivery**.
- Focuses on **harmonized approach** to improving health outcomes for mothers and children.
- Promotes full range of **integrated services** that address the traditional prongs of **comprehensive PMTCT services and beyond**
- Success requires **collaboration and consultation** with all, including policy makers, implementers, funding partners, civil society and other stakeholders within countries seeking and being encouraged to jointly eliminate the three diseases as a global problem.

Rationale for Triple Elimination of EMTCT of HIV, syphilis & HBV

Are transmitted sexually and vertically (from mother to infant)

Can cause significant maternal and child morbidity and mortality



Are often silent with long latency period. Mothers may be asymptomatic and unaware

Can be identified during ANC and treated to prevent vertical transmission

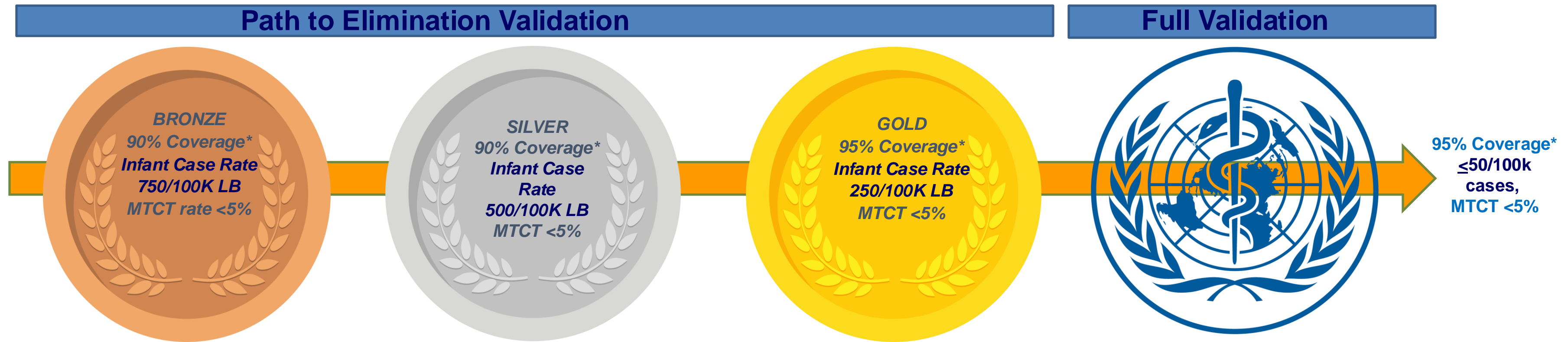
Moving from single..... dual..... Triple elimination: Validation Targets

	EMTCT of HIV	EMTCT of Syphilis	EMTCT of HBV
2030 Global Health Sector Strategy (GHSS) direct and related targets	'Zero' new infections among infants	≤50 cases of congenital syphilis per 100 000 live births in 80% of countries	95% reduction in incidence of chronic viral hepatitis B infections
IMPACT TARGETS	New paediatric HIV infections population case rate ≤50 cases per 100 000 live births	A case rate of congenital syphilis of ≤50 per 100 000 live births	<0.1% prevalence* HBsAg in ≤5-year-olds
Impact criteria must have been met for one year	MTCT rate of HIV of <2% in non-breastfeeding populations OR <5% in breastfeeding populations		In countries using targeted birth dose, an additional impact target of MTCT rate of ≤2%
PROGRAMMATIC TARGETS	ANC coverage (at least one visit) (ANC-1) of ≥95% Coverage of HIV testing (pregnant women) of ≥95% ART coverage (HIV-positive pregnant women) of ≥95%	ANC coverage (at least one visit) (ANC-1) of ≥95% Coverage of syphilis testing of pregnant women of ≥95% (attended at least one ANC visit) Adequate treatment (syphilis - seropositive pregnant women) of ≥95%	<u>With universal birth dose (BD)</u> ≥90% HepB3 vaccine coverage ≥90% HepB BD coverage <u>With targeted BD or without universal BD</u> ≥90% HepB3 vaccine coverage >90% HepB BD coverage >90% coverage of maternal HBsAg testing >90% coverage with antivirals for eligible
Process criteria must have been met for two years			

***All countries encouraged to adopt Triple Elimination integrated approach**

Path to Elimination (PTE)

- For many countries with strong programmes, high ANC prevalence makes it virtually impossible to achieve the case rate criterion for validation (<50 cases per 100,000 live births).
- Qualifying prevalence requirements for PTE indicators & targets for HIV, syphilis, &/or HBV
 - Maternal HIV prevalence $\geq 2\%$
 - Maternal syphilis prevalence $\geq 1\%$
 - HBsAg prevalence $> 1\%$ among ≤ 5 -year-olds and/or general population prevalence $> 5\%$.
- Criteria, Process and Tools
 - **Same MTCT rate $< 5\%$ impact criteria; Same process and tools** used for elimination assessment
 - **Different infant case rate impact criteria: $> 50/100,000$ live births (from 750-250 LB/100K LB); Different ANC testing and treatment process criteria: advancing from 90% to 95%**



Introducing a framework for implementing triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus



The Triple Elimination Framework:

Policy and implementation guide for minimum services for implementing triple elimination of mother-to-child transmission (EMTCT) of HIV, syphilis and hepatitis B virus

Framework for the Implementation of Triple Elimination of mother to child transmission of HIV, syphilis and HBV

Pillar	 <p>01 Primary Prevention of Vertical Transmission</p> <p>Testing, case finding and primary prevention of HIV, HBV or syphilis infection in non-pregnant, pregnant and breastfeeding women and girls of childbearing age.</p>	 <p>02 SRH Linkages and Integration</p> <p>Appropriate counselling, care and support and linkages for SRH services for women and girls living with HIV or HBV or sero-positive for syphilis to (i) assess fertility intentions and support pregnancy planning and prevention and (ii) prevent, diagnose and treat STIs.</p>	 <p>03 Essential Maternal EMTCT Services</p> <p>Appropriate maternal testing, prophylaxis and treatment for pregnant and breastfeeding women and girls living with HIV or HBV or sero-positive for syphilis for prevention of transmission to infants.</p>	 <p>04 Infant, Child and Partner Services</p> <p>Timely testing, prevention, treatment, care and support for exposed infants, infected children, household contacts and partners of women and girls seropositive for HIV, HBV or syphilis.</p>
Target populations	Non-pregnant, pregnant and breastfeeding women and girls of childbearing age.	Women and girls living with HIV or HBV or sero-positive for syphilis.	Pregnant and breastfeeding women and girls living with HIV, HBV or sero-positive for syphilis.	Exposed infants, infected infants and children, household contacts and partners of women and girls living with HIV, HBV or sero-positive for syphilis.
Essential services	<ul style="list-style-type: none"> · Routine offer of testing services for HIV, HBV and syphilis, including partner services · Care and treatment for HIV, HBV and syphilis or linkage to care and treatment · PrEP for HIV-negative women and girls at increased or continued risk of infection; PEP for exposure to HIV · HBV vaccination, as appropriate · Condoms · Linkage to or referral for SRH services 	<ul style="list-style-type: none"> · Contraception, family planning and condoms · Prevention, testing and linkage to care for HIV, HBV and syphilis among people seropositive for one condition · Prevention, screening and treatment for other STIs, with linkage to appropriate care · Counselling, education and support for healthy living and minimizing infection transmission 	<ul style="list-style-type: none"> · Early antenatal testing for HIV, HBV and syphilis; catch-up testing where needed · Third trimester and postnatal re-testing for HIV and linkage to care where indicated · Treatment initiation and linkage to appropriate prevention, care and other clinical and support services · Immediate lifelong treatment for HIV · Adequate treatment for syphilis · HBV prophylaxis or treatment where eligible · Routine postpartum care and linkage to SRH services 	<ul style="list-style-type: none"> · Testing services for neonates and infants exposed to HIV, HBV and syphilis · HIV testing services for children past exposure period · Universal birth dose of HBV vaccine · 3-dose infant HBV vaccination series · Postnatal HIV prophylaxis · Follow-up, treatment and care for infants with HIV and congenital syphilis · Routine postnatal pediatric care · Partner and household testing and prevention, including HBV vaccination, treatment where required and care for HIV, HBV and syphilis · Partner and household HBV vaccination
Crossing-cutting implementation considerations	Health system strengthening to better provide effective person-centred care			
	Strategic information gathering and analysis			
	Leadership, community engagement, partnerships and cross-programmatic coordination			
	Identifying and addressing barriers			

HBV = hepatitis B virus / HIV = human immunodeficiency virus / PEP = postexposure prophylaxis / PrEP = pre-exposure prophylaxis / SRH = sexual and reproductive health / STIs = sexually transmitted infections

Pillar One: Primary Prevention of Vertical Transmission

Focus on all women and girls of childbearing age, whether not pregnant, pregnant or breastfeeding.

Objective of this pillar is to prevent incident HIV, syphilis and HBV infections in women and girls.

Achieved through delivery of testing services, infection prevention interventions and linkage to appropriate SRH services.



Pillar

01

Primary Prevention of Vertical Transmission

Testing, case finding and primary prevention of HIV, HBV or syphilis infection in non-pregnant, pregnant and breastfeeding women and girls of childbearing age.

Target populations

Non-pregnant, pregnant and breastfeeding women and girls of childbearing age.

Essential services

- Routine offer of testing services for HIV, HBV and syphilis, including partner services
- Care and treatment for HIV, HBV and syphilis or linkage to care and treatment
- PrEP for HIV-negative women and girls at increased or continued risk of infection; PEP for exposure to HIV
- HBV vaccination, as appropriate
- Condoms
- Linkage to or referral for SRH services

Pillar Two: SRH Linkages and Integration

Focus on counselling, care, support and linkages to, or provision of SRH care for women and girls living with HIV and / or HBV and / or seropositive for syphilis.

Purpose: to enable appropriate pregnancy planning and prevention of unintended pregnancy and to prevent, diagnose and treat other STIs.

Objective of this pillar is to ensure these women and girls receive, in addition to appropriate treatment for these infections, other SRH care



Pillar

02

SRH Linkages and Integration

Appropriate counselling, care and support and linkages for SRH services for women and girls living with HIV or HBV or sero-positive for syphilis to (i) assess fertility intentions and support pregnancy planning and prevention and (ii) prevent, diagnose and treat STIs.

Target populations

Women and girls living with HIV or HBV or sero-positive for syphilis.

Essential services

- Contraception, family planning and condoms
- Prevention, testing and linkage to care for HIV, HBV and syphilis among people seropositive for one condition
- Prevention, screening and treatment for other STIs, with linkage to appropriate care
- Counselling, education and support for healthy living and minimizing infection transmission

Pillar Three: Essential Maternal EMTCT Services

Focus on the prevention of MTCT to infants of pregnant and breastfeeding women and girls living with HIV and / or HBV and / or seropositive for syphilis.

Objective of this pillar is to ensure that people in this target population receive early antenatal testing, appropriate (antenatal, intrapartum and postnatal) care and treatment to prevent MTCT



Pillar

03

Essential Maternal EMTCT Services

Appropriate maternal testing, prophylaxis and treatment for pregnant and breastfeeding women and girls living with HIV or HBV or sero-positive for syphilis for prevention of transmission to infants.

Target populations

Pregnant and breastfeeding women and girls living with HIV, HBV or sero-positive for syphilis.

Essential services

- Early antenatal testing for HIV, HBV and syphilis; catch-up testing where needed
- Third trimester and postnatal re-testing for HIV and linkage to care where indicated
- Treatment initiation and linkage to appropriate prevention, care and other clinical and support services
- Immediate lifelong treatment for HIV
- Adequate treatment for syphilis
- HBV prophylaxis or treatment where eligible
- Routine postpartum care and linkage to SRH services

Pillar Four: Infant, Child and Partner services

Focus on testing, treatment, care (including immunization and well-child care) and support for exposed infants, infected children, household contacts and partners of women and girls living with HIV and / or HBV and / or seropositive for syphilis.

Objectives of this pillar are twofold:

- 1) interventions for exposed infants and infected children ensures a comprehensive approach to preventing paediatric infections and their sequelae.
- 2) interventions for household contacts and partners is essential to identify and treat infections beyond women and girls and their newborns, preventing transmission and reinfection and ensuring healthy outcomes for the whole family.



Pillar

04

Infant, Child and Partner Services

Timely testing, prevention, treatment, care and support for exposed infants, infected children, household contacts and partners of women and girls seropositive for HIV, HBV or syphilis.

Target populations

Exposed infants, infected infants and children, household contacts and partners of women and girls living with HIV, HBV or sero-positive for syphilis.

Essential services

- Testing services for neonates and infants exposed to HIV, HBV and syphilis
- HIV testing services for children past exposure period
- Universal birth dose of HBV vaccine
- 3-dose infant HBV vaccination series
- Postnatal HIV prophylaxis
- Follow-up, treatment and care for infants with HIV and congenital syphilis
- Routine postnatal pediatric care
- Partner and household testing and prevention, including HBV vaccination, treatment where required and care for HIV, HBV and syphilis
- Partner and household HBV vaccination

Crossing-cutting implementation considerations

Health system strengthening to better provide effective person-centred care

Strategic information gathering and analysis

Leadership, community engagement, partnerships and cross-programmatic coordination

Identifying and addressing barriers

- **Health system strengthening** expanding coverage, improving quality, enhancing access, follow up, continuity of care, service integration and linkages; implementing innovative service delivery models such DSD, supporting expansion and strengthening of testing services including laboratory capacity, diagnostic integration of HIV, syphilis, and HBV testing and laboratory systems, human resources, procurement, data management, and quality assurance.
- **Strategic information gathering and analysis** through integrated surveillance of HIV, HBV and syphilis in target populations, with development and monitoring of key triple elimination indicators
- **Leadership, community engagement, partnerships and cross-programmatic coordination** (across HIV, SRH, MCH, STI, viral hepatitis, EPI and other country-level health programmes) for efficient and effective operational planning, monitoring, evaluation, resource mobilization, communication, service delivery and advocacy.
- **Identifying and addressing barriers** to triple EMTCT of HIV, syphilis and HBV at the individual, community, health services, policy and societal levels. Barriers to be addressed may be wide-ranging, and some will be context-specific.

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