

# The Triple Impact Approach to Reduce Mother to Child Transmission



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# 4 pillars and cross-cutting considerations

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



## HIV HBV Syphilis

The four pillars are:



**Primary prevention of infection and vertical transmission:** testing, case finding, treatment and primary prevention for HIV, syphilis and HBV infection in non-pregnant, pregnant and breastfeeding women and girls of childbearing age.



**Sexual and reproductive health (SRH) linkages and integration:** appropriate counselling, care, support, and linkages for SRH services for women and girls living with HIV and / or HBV and / or sero-positive for syphilis to (i) assess fertility intentions and support pregnancy planning and prevention and (ii) prevent, diagnose and treat other sexually transmitted infections (STIs).

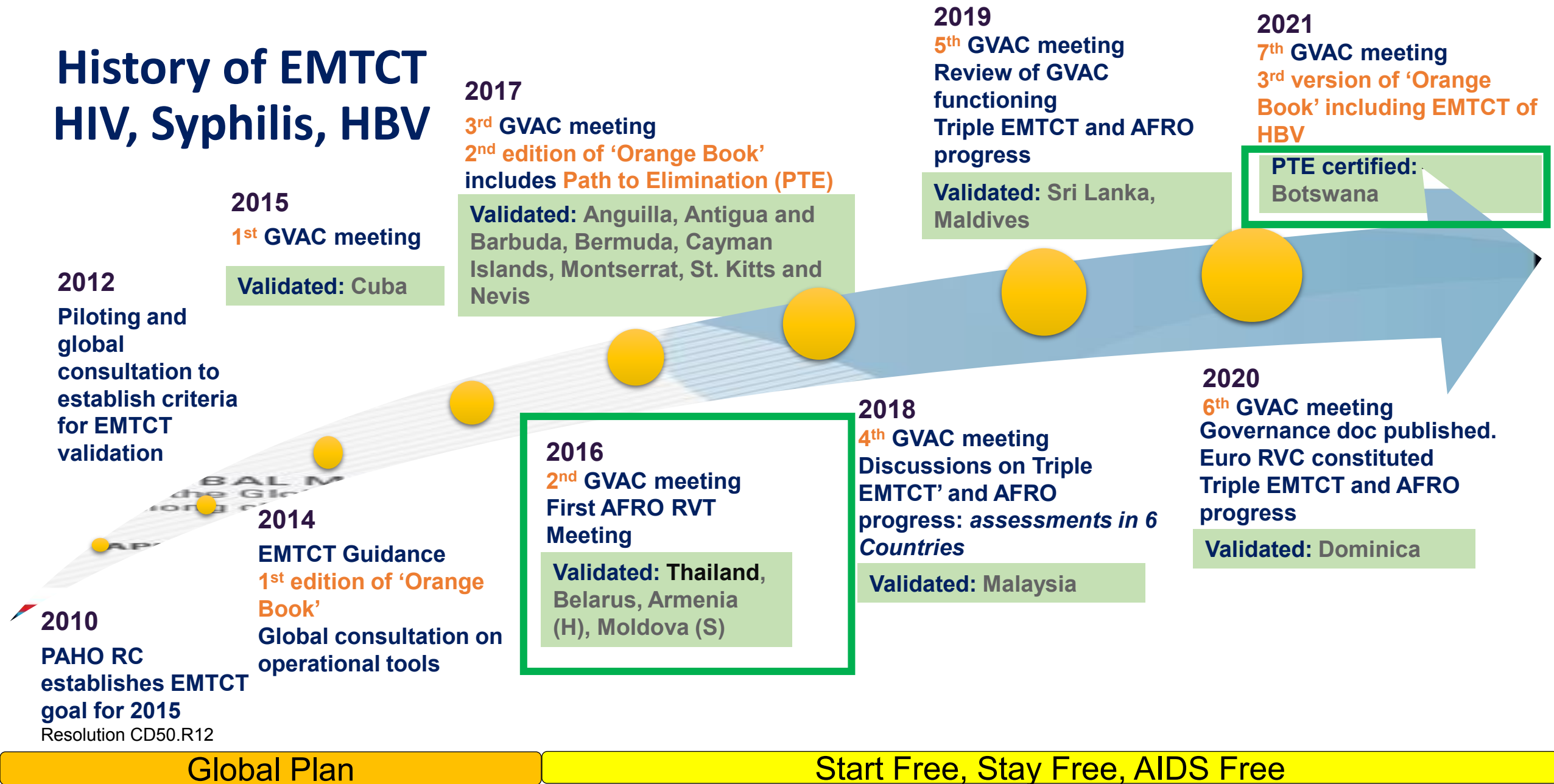


**Essential maternal EMTCT services:** appropriate maternal testing, prophylaxis and treatment for women and girls living with HIV and / or HBV and / or sero-positive for syphilis for prevention of transmission to infants.



**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 living with HIV and / or HBV and / or sero-positive for syphilis.

# History of EMTCT HIV, Syphilis, HBV



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Elimination targets	HIV EMTCT	Syphilis EMTCT	HBV EMTCT
<p>2030 WHO GHSS and UNGA political declaration (13) aspirational targets</p>	<p>Zero new infections among infants and young children and achievement of the 95-95-95 targets</p>	<p>≤50 cases of CS per 100,000 live births in 80% of countries</p>	<p>95% reduction in incidence of chronic HBV infections</p>
<p>EMTCT Impact targets</p>	<p>A population case rate of new paediatric HIV infections due to MTCT of ≤50 cases per 100,000 live births</p> <p>MTCT rate of HIV of &lt;2% in non-breastfeeding populations OR &lt;5% in breastfeeding populations</p>	<p>A case rate of CS of ≤50 per 100,000 live births</p>	<p>≤0.1% prevalence HBsAG in children ≤5 years old <sup>a,b</sup></p> <p>Additional target ≤2% MTCT rate (for countries using targeted timely HepB-BD)</p>
<p>EMTCT process/ programmatic targets</p>	<p><b>ANC coverage</b> (at least one visit (ANC-1)) of ≥ 95%</p> <p><b>Coverage of HIV testing</b> of pregnant women of ≥95%</p> <p><b>ART coverage</b> of pregnant women living with HIV of ≥95%</p>	<p><b>ANC coverage</b> (at least one visit (ANC-1)) of ≥95%</p> <p><b>Coverage of syphilis testing</b> of pregnant women of ≥95% among those who attended at least one ANC visit</p> <p><b>Adequate syphilis treatment</b> of syphilis-sero-positive pregnant women of ≥95%</p>	<p><b>Countries with universal timely HepB-BD</b></p> <p>≥90% HepB3 vaccine coverage</p> <p>≥90% Hep-BD coverage<sup>c</sup></p> <p><b>Countries with targeted timely HepB-BD or without universal timely HepB-BD</b></p> <p>≥90% HepB3 vaccine coverage</p> <p>≥90% HepB-BD coverage</p> <p>≥90% coverage of maternal HBsAG testing</p> <p>≥90% coverage with antivirals for eligible HBsAg-positive pregnant women<sup>d</sup></p>

# รายงานการรับยาต้านไวรัสหญิงตั้งครรภ์ อยู่ร่วมกับเชื้อเอชไอวี

## รายงานหญิงตั้งครรภ์อยู่ร่วมกับเชื้อเอชไอวี

- พ.ศ. 2563-2565 หญิงตั้งครรภ์อยู่ร่วมกับเชื้อเอชไอวี มีประมาณ 3,000 รายต่อปี
- รายงานอัตราการถ่ายทอดเชื้อเอชไอวีจากแม่สู่ลูกในปี พ.ศ. 2565 ร้อยละ 1.96

สัดส่วนการได้รับยาต้านไวรัสก่อน ระหว่างการตั้งครรภ์  
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