# The Triple Impact Approach to Reduce Mother to Child Transmission







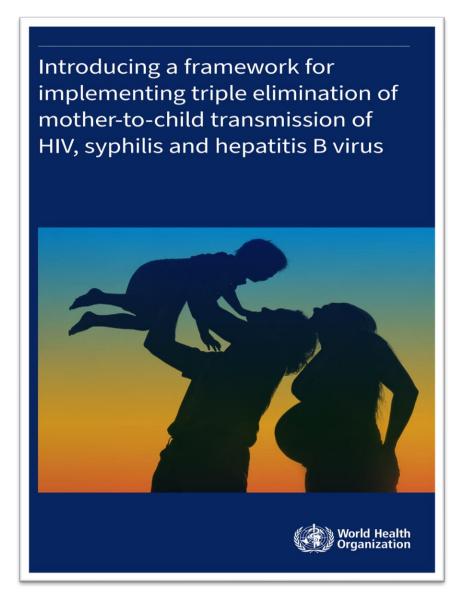


## ศาสตราจารย์แพทย์หญิง ธันยวีร์ ภูธนกิจ

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## 4 pillars and cross-cutting considerations



#### The four pillars are:

#### **HIV HBV Syphilis**



**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

2015

1st GVAC meeting

Validated: Cuba

2012

Piloting and global consultation to establish criteria for **EMTCT** 

validation

**EMTCT Guidance** 

1<sup>st</sup> edition of 'Orange

Book'

Global consultation on operational tools

establishes EMTCT goal for 2015

**PAHO RC** 

2010

Resolution CD50.R12

2017

**Nevis** 

3rd GVAC meeting

2<sup>nd</sup> edition of 'Orange Book' includes Path to Elimination (PTE)

Validated: Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat, St. Kitts and 2019

5th GVAC meeting **Review of GVAC** functioning Triple EMTCT and AFRO progress

Validated: Sri Lanka, **Maldives** 

2021 7<sup>th</sup> GVAC meeting 3<sup>rd</sup> version of 'Orange **Book' including EMTCT of HBV** 

PTE certified: Botswana

2016

2<sup>nd</sup> GVAC meeting First AFRO RVT Meeting

Validated: Thailand, Belarus, Armenia

(H), Moldova (S)

2018

4th GVAC meeting Discussions on Triple **EMTCT' and AFRO** 

progress: assessments in 6

Countries

Validated: Malaysia

2020

6th GVAC meeting Governance doc published. **Euro RVC constituted Triple EMTCT and AFRO** progress

Validated: Dominica

Global Plan

Start Free, Stay Free, AIDS Free



Elimination targets	HIV EMTCT	Syphilis EMTCT	нву емтст
2030 WHO GHSS and UNGA political declaration (13) aspirational targets	Zero new infections among infants and young children and achievement of the 95-95-95 targets	≤50 cases of CS per 100,000 live births in 80% of countries	95% reduction in incidence of chronic HBV infections
EMTCT Impact targets	A population case rate of new paediatric HIV infections due to MTCT of ≤50 cases per 100,000 live births  MTCT rate of HIV of <2% in non-breastfeeding populations OR <5% in breastfeeding	A case rate of CS of ≤50 per 100,000 live births	≤0.1% prevalence HBsAG in children ≤5 years old <sup>a,b</sup> Additional target ≤2% MTCT rate (for countries using targeted timely HepB-BD)
EMTCT process/ programmatic targets	ANC coverage (at least one visit (ANC-1)) of ≥ 95%  Coverage of HIV testing of pregnant women of ≥95%  ART coverage of pregnant women living with HIV of ≥95%	ANC coverage (at least one visit (ANC-1)) of ≥95%  Coverage of syphilis testing of pregnant women of ≥95% among those who attended at least one ANC visit  Adequate syphilis treatment of syphilis-sero-positive pregnant women of ≥95%	Countries with universal timely HepB-BD ≥90%HepB3 vaccine coverage ≥90%Hep-BD coverage <sup>c</sup> Countries with targeted timely HepB-BD or without universal timely HepB-BD ≥90% HepB3 vaccine coverage ≥90% HepB-BD coverage ≥90% coverage of maternal HBsAG testing ≥90% coverage with antivirals for eligible HBsAg-positive
https://www.who.int/publications-detail-redirect/9789240086784			

# รายงานการรับยาต้านไวรัสหญิงตั้งครรภ์ อยู่ร่วมกับเชื้อเอชไอวี

#### สัดส่วนการได้รับยาต้านไวรัสก่อน ระหว่างการตั้งครรภ์ ของหญิงตั้งครรภ์อยู่ร่วมกับเชื้อเอชไอวี

### รายงานหญิงตั้งครรภ์อยู่ร่วมกับเชื้อเอชไอวี

- พ.ศ. 2563-2565 หญิงตั้งครรภ์อยู่ร่วมกับเชื้อ
   เอชไอวี มีประมาณ 3,000 รายต่อปี
- รายงานอัตราการถ่ายทอดเชื้อเอชไอวีจากแม่สู่ ลูกในปี พ.ศ. 2565 ร้อยละ 1.96

