Every year, 180,000 babies in the Western Pacific Region are newly infected by hepatitis B, 13,000 by syphilis and 1,400 by HIV through mother-to-child transmission. Current interventions must be scaled-up substantially, other interventions introduced and coordination among programmes improved, to achieve the global targets on elimination of mother-to-child transmission of these infections: 0.1% or lower hepatitis B surface antigen (HBsAg) prevalence among children and 50 or fewer cases per 100,000 live births for paediatric HIV infections and congenital syphilis.

Service delivery through non-coordinated vertical programmes can result in redundancies and inefficient use of resources. Most mothers and children already receive antenatal, perinatal and childcare services, making it more efficient to build additional services upon the Maternal, Neonatal and Child Health platform. The draft Regional Framework presents a coordinated approach to develop this shared platform so that immunization, laboratory testing and treatment can be administered more efficiently and cost-effectively to achieve the three global targets.

The Regional Committee for the Western Pacific is requested to consider for endorsement the draft Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018–2030.
1. CURRENT SITUATION


HIV prevalence in the Western Pacific Region remains low at 0.1%. There were 12 000 pregnant women living with HIV in the Region in 2016. Of these, less than two in three received treatment to prevent mother-to-child transmission of HIV. Many were unaware of their status (not tested) or not linked to treatment services, resulting in 1400 new paediatric HIV infections. HIV services are currently funded and administered vertically. At present, poor coordination and inefficiencies often force women to seek screening and treatment separate from perinatal care – which is a missed opportunity for comprehensive and cost-effective screening and service delivery.

The Region has the highest prevalence of hepatitis B among WHO regions, with 115 million people infected or 45% of all global chronic infections. Immunization programmes reduced the regional hepatitis B surface antigen (HBsAg) prevalence from over 8% in 1990 to less than 1% among children born in 2012, achieving the 2017 regional target ahead of time. But the global elimination target of 0.1% or lower prevalence among children cannot be achieved through immunization alone. It requires additional interventions, which can be built on both immunization and MNCH programmes, including simultaneous antenatal screening for HBsAg, HIV and syphilis and possible hepatitis B treatment of pregnant women.

The Western Pacific Region bears a high burden of sexually transmitted infections, with an increasing trend of syphilis infections reported in some countries. An estimated 45 000 cases of maternal syphilis occurred in 2012, resulting in an estimated 13 000 adverse pregnancy outcomes, including early fetal deaths. Still, only a limited number of countries have high coverage of syphilis antenatal screening and treatment. Many countries lack resources to achieve high coverage, particularly where screening is delivered via a separate vertical programme. By incorporating screening into comprehensive antenatal and perinatal care, coverage can be greatly expanded for testing and treatment. Partner tracing also must be improved to meet the global target.
Global, regional and national level guidelines may not be harmonized, ultimately creating inconsistencies in the application of global standards. A common framework will help eliminate many such issues.

Maternal, newborn and child health (MNCH) care has made significant progress in the Region. The maternal mortality ratio decreased by 64% between 1990 and 2015, in part due to the increases in antenatal care coverage and births attended by skilled birth attendants. Nowadays, more than nine in 10 pregnant women in the Region seek antenatal care and deliver in a health facility. But large disparities continue to exist. In 2013, Member States endorsed the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) to accelerate progress on newborn survival. Since then, Early Essential Newborn Care (EENC) has reached more than 11.2 million mothers and babies in the Region. By linking with EENC, HIV and syphilis screening and hepatitis B birth dose have increased coverage. But hospital assessments of EENC still show gaps in clinical practices, including the recording of HIV and syphilis testing in the patient charts of mothers and timely hepatitis B vaccination of infants.

The common platform of MNCH care provides a unique opportunity for coordination and integration of interventions for EMTCT. The platform will maximize accessibility, effectiveness, efficiency and sustainability of these services. Delivering such services as efficiently and cost-effectively as possible has become more imperative in the face of declining external funding and the consequent need to build sustainable domestic financing for health.

Thus the draft Framework proposes a coordinated approach for the planning, service delivery, monitoring and evaluation to achieve and sustain elimination of these preventable infections.

2. ISSUES

2.1 Scaling up and appropriately resourcing MNCH services

EMTCT interventions include antenatal screening, treatment of infected mothers and prophylaxis for infants including immunization and follow-up. The current capacity and resources of MNCH programmes – and more broadly of health systems – limit the ability to absorb new services. At present, service coverage of testing and treatment for HIV and syphilis fall far behind global targets. In addition, MNCH programmes currently do not include hepatitis B screening. Substantial scale-up of existing interventions and proposed coordinated interventions require investments in strengthening the capacity, scope and quality of MNCH services. This includes ensuring seamless
quality of care, whether between MNCH and those doing follow-up or within MNCH services and mechanisms to ensure uniform guidelines across different programmes.

2.2. Limited coordination and collaboration among programmes

EMTCT of each infection shares similar interventions providing an opportunity for synergy and efficient service delivery through the common MNCH 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. These are missed opportunities to use available resources more efficiently to achieve maximum impact.

Some countries in the Region are pioneering the triple EMTCT. For example, China is implementing its integrated strategy for prevention of mother-to-child transmission of HIV, hepatitis B and syphilis, which averted more than 1200 paediatric HIV infections in 2014. Mongolia has developed national guidelines for HIV, syphilis and hepatitis B and C antenatal screening, recommending antiviral treatment of women with high viral load and hepatitis B immunoglobulin to infants born to these mothers. These underpin the importance of coordination and collaboration among concerned programmes for better health outcomes.

2.3 Limitation of current approach and additional interventions for EMTCT of hepatitis B

The complete hepatitis B vaccine series (birth dose plus two additional doses) induces protective antibody levels in more than 95% of infants. However, perinatal infection still occurs, especially among infants born to mothers with high viral load. Reaching the global goal of equal or less than 0.1% HBsAg prevalence among children by 2030 will require the introduction of additional interventions through coordinated programming. This includes antenatal HBsAg screening, the potential use of maternal antiviral therapy and the use of hepatitis B immunoglobulin among infants born to HBsAg-positive mothers. This should be provided through an incremental approach, ensuring and building upon high coverage of the timely hepatitis B vaccine birth dose and at least two additional doses to all infants. Where appropriate and feasible, HBsAg screening should be integrated with HIV and syphilis testing for pregnant women to provide further interventions for EMTCT of hepatitis B.
2.4 Moving towards more efficient and sustainable mechanisms

MNCH and disease control programmes made significant progress in achieving the Millennium Development Goals. These were often supported by vertically funded programmatic streams. Sustaining these efforts will require that these services be built into existing health systems, consistent with the argument on transitioning to integrated financing of priority public health services.

For example, a cost-effectiveness analysis of EMTCT of HIV and syphilis in Cambodia suggested that a coordinated approach would prevent more mother-to-child transmission while reducing required resources by 25%, as well as time spent by health workers and pregnant women for providing or accessing services.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to consider for endorsement the draft Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018–2030 to ensure every newborn baby is free from these preventable infections.