EXPERT CONSULTATION ON TRIPLE ELIMINATION OF MOTHER-TO-CHILD
TRANSMISSION OF HIV, HEPATITIS B AND SYPHILIS IN THE WESTERN PACIFIC

Manila, Philippines, 20-21 February 2017

Key messages and recommendations

Key messages

The expert consultation group unanimously endorsed the concept of the triple elimination of mother-to-child transmission (EMTCT) of HIV, hepatitis B and syphilis and the development of a regional framework for 2018–2030 that proposes an integrated and coordinated approach towards triple elimination, building upon the maternal, newborn and child health (MNCH) platform.

The call for triple elimination is aligned with the Sustainable Development Goals (SDGs) and global strategies for women’s, children’s and adolescents’ health, HIV, viral hepatitis and sexually transmitted infections (STI). Triple elimination in Asia and the Pacific fully supports the global elimination goal of each infectious disease, while seeking synergy and sustainable implementation.

Currently, three WHO regions are moving forward the agenda of triple elimination. The WHO regional offices for the Western Pacific and South-East Asia are developing an integrated regional framework for the triple EMTCT of HIV, hepatitis B and syphilis in Asia and the Pacific for 2018–2030 in collaboration with partners. The WHO Regional Office for the Americas is currently finalizing an “EMTCT-plus” framework that includes HIV, hepatitis B, syphilis and also Chagas disease.

The group discussed opportunities and challenges in coordinating MNCH services and disease control programmes towards triple elimination and reviewed the draft Asia-Pacific regional framework.

There was consensus that grouping these disease-specific elimination efforts within the MNCH platform would contribute not only to better health of women, children and their families and progress towards triple elimination, but also to the strengthening of more efficient, equitable and sustainable health systems.

It was recognized by the group that high-level commitment, advocacy, coordinated planning and resource allocation, especially investment and support to MNCH programmes (financial, technical and human resources), are prerequisites for success.

The group agreed that screening and treatment of HIV and syphilis for pregnant women, appropriate case management of exposed or infected infants and hepatitis
B vaccination including timely administration of birth dose should be further strengthened and expanded as key components of the standard MNCH package of services in order to reach elimination criteria.

The group recognized the important role of hepatitis B surface antigen (HBsAg) screening of pregnant women during antenatal care (ANC) and the need for additional interventions to further reduce perinatal transmission of hepatitis B in order to reach the elimination goal of 0.1% HBsAg prevalence among children by 2030, as even hepatitis B vaccination coverage of 95–100% (i.e. birth dose and two additional doses) may still result in 5–10% of newborns becoming chronically infected from their mothers.

The possibility to introduce additional interventions to augment a country’s high vaccination coverage to further reduce mother-to-child transmission of hepatitis B, including identifying and treating high-risk mothers with antivirals and using hepatitis B immunoglobulin (HBIG) and timely birth dose for exposed newborns, were discussed. The experience of China in updating national policies to introduce antenatal HBsAg screening and additional interventions was shared with the group, and the fact that a large proportion of pregnant women are already screened for HBsAg in the region was noted.

Questions and concerns were raised for the introduction of these additional interventions, particularly regarding the HBsAg screening during ANC, given challenges faced by the current MNCH programmes due to limited resources and capacity and more broadly of health systems across countries.

Recognizing these concerns, the meeting recommended the development of an incremental approach with clear guidance from WHO on when and how best to incrementally introduce additional hepatitis B interventions reflecting different levels of health systems capacities, while continuing to strengthen administration of timely hepatitis B birth dose and follow-up vaccination. For countries yet to achieve 90% birth dose and 90% hepatitis B third dose coverages, strategically these targets should be the first priority.

The successful implementation of the framework will depend on both strong commitment and cooperation across programmes. There would eventually be a possibility to expand the framework and the synergy within the MNCH platform to include other health issues in view of potential benefits.

During the meeting, participants reviewed programmatic achievements and discussed challenges in implementing coordinated or integrated dual and triple elimination programmes in selected countries from the Region, including China, the Lao People’s Democratic Republic, Mongolia and Viet Nam.
Positive examples of integration or coordination included: high-level commitment; integrated policy and investment in EMTCT under a strong leadership of the MNCH programme; improved accessibility to services through one-stop and free-of-charge services for women and children; and increased facility delivery rates, which accommodates multiple MNCH interventions, including hepatitis B birth dose vaccination.

Challenges included: varied levels of political commitment at national and subnational levels induced by vertical approaches; limited allocation of resources for EMTCT resulting in potential out-of-pocket expenses for women and their partners; limited capacities of health workers; ensuring access for vulnerable populations including those in remote areas and migrants; and suboptimal quality of epidemiological and programme data to inform policy.

There was also discussion on how the Expanded Programme on Immunization (EPI) and HIV and STI programmes could contribute to strengthening core MNCH activities, including increasing ANC visits and interventions, increasing health facility deliveries, early essential newborn care (EENC) and postnatal care (PNC) coverage. While some general suggestions were made, the group recognized that specific operational recommendations will require in-depth discussion through country dialogues.

The group reviewed the draft regional framework and agreed upon the overall structure. Some suggestions were made for the next version, which will be reviewed by Member States and partners to inform the final draft to be presented to the WHO regional committees for the Western Pacific and South-East Asia in 2017.

The group also discussed the criteria and coordination mechanisms for validation of EMTCT of HIV, hepatitis B and syphilis as well as key indicators to be monitored through the triple elimination framework. While elimination criteria for EMTCT of hepatitis B will require further discussion at global, regional and country levels, the group agreed that the validation mechanisms should build on existing guidance such as *Global Guidance on Processes and Criteria for Validation: Elimination of Mother-to-Child Transmission of HIV and Syphilis* and existing platforms such as the Asia-Pacific Prevention of Parent-to-Child Transmission of HIV and Syphilis Task Force (PPTCT task force), the Asia-Pacific Regional Validation Team and Secretariat for EMTCT of HIV and syphilis, the Hepatitis B Immunization Expert Resource Panel (ERP), the Regional Immunization Technical Advisory Group, and the biennial meeting on accelerating progress in EENC.
Recommendations

The expert consultation made the following recommendations:

1. Strong high-level political commitment is required for triple elimination to ensure the development of integrated or coordinated policy and plans along with appropriate resource allocation for implementation, including sustainable domestic financing, and where appropriate, financial protection (e.g. health insurance) to ensure equitable access.

2. Triple elimination warrants further discussion in the context of overall strengthening of MNCH services in countries and the benefit from the synergies of a coordinated approach. Increases in financial investment and human resource allocation and technical support for MNCH programmes need to be considered based on the review of current status of MNCH platform and its capacity and bottlenecks.

3. Interventions aiming at triple elimination must be included in essential health services packages in countries, and access to services must be ensured and covered by domestic government budgets and/or health insurance, including consideration for key and vulnerable groups such as marginalized, hard-to-reach and migrant populations.

4. Clarification of potentially overlapping or distinct roles and responsibilities of HIV, STI, EPI, hepatitis and MNCH programmes at national and subnational levels is needed for better coordination and integration, and these must be discussed and agreed upon during country consultations.

5. The quality of epidemiological and programme data needs to be improved, as well as national and subnational data analyses, to advocate for high-level commitment and policy development and to provide a solid foundation for monitoring progress. An inter-related, comprehensive health information system, including data from private health facilities, is required to plan, implement and monitor triple elimination. This includes countries strengthening their vital registration systems and medical and surveillance systems. In addition, mechanisms must be established for the private sector to receive programmatic guidance on the care and reporting of MNCH services including perinatal transmission of infectious disease.

6. Preferences of women and their families for improving access to and utilization of MNCH services need to be explored, and opportunities for triple elimination to improve the quantity and quality of core MNCH services should be sought. Creating demand for early and regular ANC, health facility delivery and PNC visits through the disease-specific programmes should be further explored, and management of women who do not access facility-based MNCH services needs to be addressed. Promotion of screening test at early ANC, hepatitis B vaccination at birth and early PNC during EPI outreach activities are examples.
7. Screening of pregnant women and partners and linkages to prevention and treatment should be strengthened for HIV and syphilis. Support for disclosure, coordinated follow-up of infected women and exposed infants within MNCH platform, and financial support for the services need to be ensured.

8. Hepatitis B vaccination including timely administration of birth dose should be continued and scaled up as a priority intervention.

9. An incremental approach is recommended for the introduction of additional interventions (in addition to infant immunization) for EMTCT of hepatitis B including HBsAg screening in pregnant women, use of HBIG and antivirals, and follow-up of exposed infants with due consideration to the capacities of health systems and MNCH programmes within countries and in view of current and upcoming WHO recommendations.

10. Where appropriate and feasible, HBsAg screening should be integrated with HIV and syphilis testing for pregnant women during ANC with linkage to care and treatment in order to achieve the 2030 elimination goal, improve the health of women with chronic hepatitis B infection, follow up exposed infants, and provide testing for family members and vaccination to those found without proper immunization protection. The decision to introduce HBsAg screening should be informed by the level of vaccination coverage, epidemiological data and availability of care and treatment services for chronic hepatitis in countries.

Specific recommendations for WHO and partners

1. Develop and update guidelines and tools including a set of essential indicators for triple elimination.

2. Review and map the level of coordination and integration between/among programmes currently present in countries and assess gaps and opportunities for strengthening coordination and synergies.

3. Assist countries to develop communication strategies to promote triple elimination within the MNCH platform.

4. Assist countries with the provision of quality laboratory services including the use of rapid point-of-care tests and introduction of dual rapid tests for HIV and syphilis supported by sound quality assurance systems.

5. Provide standardized data collection tools with a minimum set of essential indicators for triple elimination.

6. Provide technical and financial support for triple elimination, including integrated services across programmes.

7. Conduct a decision tree analysis of additional interventions for hepatitis B including its cost-effectiveness to inform country decisions, map existing policies, practices and interventions for testing and treatment of hepatitis B in the Region, and share lessons from the countries already implementing these interventions.
8. Develop clear guidance on introduction of additional interventions for EMTCT of hepatitis B through continued discussion including the next ERP and Strategic and Technical Advisory Committee (STAC) for Viral Hepatitis meetings, inviting MNCH and HIV/STI programmes involved in triple elimination.

9. Review and update the progress towards EMTCT in the region.

10. Continue to facilitate stronger participation of civil society in the drive towards EPTCT of HIV, hepatitis B and syphilis.