

SDG3 targets and indicators most relevant for triple EMTCT

SDG3	Ensure healthy lives and promote well-being for all at all ages	
Targets*	By 2030	Indicators (most relevant to triple EMTCT)
3.1	Reduce the global maternal mortality ratio to <70 per 100 000 live births	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
3.2	End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to ≤12 per 1000 live births and under-5 mortality to ≤25 per 1000 live births	3.2.1 Under-5 mortality rate 3.2.2 Neonatal mortality rate
3.3	End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1000 uninfected population, by sex, age and key populations 3.3.4 Hepatitis B incidence per 100 000 population
3.7	Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged populations)
3.C	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries	3.C.1 Health worker density and distribution

* Targets most directly relevant for triple EMTCT (SDG3 includes a total of 13 targets: 3.1–3.9 and 3A–3D).

Source: United Nations Department of Economic and Social Affairs. Sustainable development knowledge platform: Sustainable Development Goal 3. Available from: <https://sustainabledevelopment.un.org/sdg3>

Structure of the Regional Framework for Triple EMTCT

Vision Every infant free of HIV, hepatitis B and syphilis			2020 Milestones Pillar 1. Coordination mechanism for EMTCT of HIV, hepatitis B and syphilis established Pillar 2. Coordinated EMTCT plan developed Pillar 3. EMTCT indicators included in national health information system	2030 Targets Pillar 1. National RMNCH policy includes EMTCT of HIV, hepatitis B and syphilis as a standard component Pillar 2. Universal access to core EMTCT services Pillar 3. Coordinated monitoring through interlinked system
Goal Achieve and sustain EMTCT of HIV, hepatitis B and syphilis and achieve better health for women, children and their families through a coordinated approach and efforts by 2030				
Pillar 1: Policy Coordinated national policy and strategy	Pillar 2: Service delivery Seamless quality care for women, newborns, children and their families	Pillar 3: M&E Coordinated monitoring and evaluation of elimination		

Source: Regional framework for the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis in Asia and the Pacific, 2018–2030. Available from: <https://iris.wpro.who.int/handle/10665.1/14193>

Triple EMTCT impact indicators and targets

	Impact indicator	Target
HIV	Case rate of new paediatric HIV infections due to MTCT of HIV AND MTCT rate of HIV	≤50 new paediatric infections per 100 000 live births <5% in breastfeeding populations OR <2% in non-breastfeeding populations
Syphilis	Case rate of congenital syphilis infections	≤50 cases of congenital syphilis per 100 000 live births
Hepatitis B	HBsAg prevalence among children	≤0.1% HBsAg prevalence among children

Triple EMTCT process indicators and targets

Process indicator	Target
Percentage of pregnant women attending antenatal care at least once (ANC1)	≥95%
Percentage of pregnant women attending antenatal care at least four times (ANC4) ^a	≥95%
Percentage of pregnant women with known HIV status (includes both newly tested and those with known status)	≥95%
Percentage of antenatal care (ANC) attendees tested for HBsAg	≥95% ^b
Percentage of women accessing ANC who were tested for syphilis	≥95%
Percentage of pregnant women living with HIV who received antiretroviral therapy (ART)	≥95% ^c
Percentage of pregnant women with positive syphilis serology who were treated adequately	≥95%
Proportion of births attended by skilled health personnel	≥95%
Stillbirth rate (per 1000 total births) ^a	<12
Percentage of infants receiving a birth dose of hepatitis B vaccine (HepB-BD)	≥95%
Coverage of hepatitis B vaccine third dose (HepB3) among infants	≥95%

^a Additional indicator for validation of EMTCT

^b WHO recommends that HBsAg testing be routinely offered to all pregnant women in antenatal clinics with linkages to hepatitis B prevention, care and treatment services in settings with a ≥2% or ≥5% HBsAg seroprevalence in the general population. As the *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018–2030* calls for coordinated screening for HIV, syphilis and hepatitis B, the proposed process target of HBsAg testing coverage of pregnant women of ≥95% aligns with established validation criteria for HIV and syphilis screening.

^c Increased from ≥90% in 2017

Source: Global guidance on criteria and processes for validation: EMTCT of HIV and syphilis (Second edition, 2017)
Available from: <https://www.who.int/reproductivehealth/publications/emtct-hiv-syphilis/en/>