1. Background

Elimination of mother-to-child transmission (EMTCT) of HIV and syphilis contributes to better maternal and child health. It is estimated that there are approximately 71,000 pregnant women living with HIV in Asia and the Pacific region in 2016, of those 46% received antiretroviral drugs (ARVs) to prevent parent-to-child transmission of HIV. It is also estimated that the Asia Pacific region has high burden of congenital syphilis with more than 65,800 adverse outcomes associated to syphilis in pregnancy.

The Asia Pacific United Nations Prevention of Parent-to-Child Transmission (PPTCT) Task Force was established in 1998. The members of the task force include the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), and the Joint United Nations Programme on HIV/AIDS (UNAIDS), Member States, and technical partners. In 2010, the task force developed the conceptual framework for EMTCT of HIV and syphilis in the Asia Pacific by 2015. The regional goal of EMTCT of HIV and syphilis was endorsed at the 8th PPTCT task force meeting held in November 2010 at Vientiane, the Lao People’s Democratic Republic.

There is a commitment for the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis, globally and regionally. An initiative for the global elimination of congenital syphilis which was launched in 2007 by WHO and the global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive was launched by UNAIDS and the President’s Emergency Plan for AIDS Relief (PEPFAR) in June 2011. In 2016, the Regional Framework for Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018-2030 was endorsed by Member States.

As member states progress towards EMTCT, there is a need to establish a mechanism to validate elimination. WHO in collaboration with UNICEF, UNFPA, and UNAIDS developed a Global guidance on criteria and processes for validation: elimination of mother-to-child transmission (EMTCT) of HIV and syphilis in 2014, which was further updated in 2017. This guidance outlines minimum processes and criteria for validation in a country; provides a description of global EMTCT validation targets and indicators; explains the operation of validation committees and secretariats; and reviews the validation procedure.

2. Regional mechanism of validation in Asia and the Pacific

The regional validation mechanism will be operated through the Regional Validation Secretariat (Figure 1). Below is a brief description of roles and structures of the mechanism. Detailed description of criteria for validation will be found in Global guidance on criteria and processes for validation (second edition 2017).

- Regional Validation Secretariat

  The regional validation secretariat (RVS) coordinates and supports the regional validation process. The RVS is provided by the WHO regional offices for South-East Asia and the Western Pacific and its functions will be performed in partnership with UNICEF and UNAIDS. The RVS establishes and convenes the regional validation team (RVT). The RVS will develop, maintain and regularly update a roster of independent experts, which will be used to identify RVT members.
• **Regional Validation Team**

A RVT will be formed each time a country submits a validation request. The RVT advises the RVS on whether candidate countries’ achievements in EPTCT of HIV and syphilis can be recommended for global validation.

A RVT will review national validation report; conduct country assessment in collaboration with the national validation team (NVT) and the national validation committee (NVC); and prepare a regional validation report.

1) **Functions:**

1.1. Review national validation report.

1.2. Conduct country assessment and determine compliance with minimum global criteria for EMTCT in collaboration with the National Validation Committee.

1.3. Prepare a regional validation report that will advise RVS whether the country meets global criteria for EMTCT and submit to the RVS.

1.4. Ensure that the regional report includes clear explanations and suggestions for the areas requiring improvement if a candidate country does not meet the validation criteria.

1.5. Advise RVS to improve validation guidance and tools.

2) **Members of RVT:**
2.1. Independent experts with following expertise shall be nominated through the RVS after consultation with countries and stakeholders to create a roster of experts:
- Epidemiologists and/or statisticians,
- Public health practitioners including national managers and programme officers for maternal and child health, HIV and sexually transmitted infections (STI),
- Laboratory scientists,
- Representative of civil society and nongovernmental organizations including and women, and men living with HIV, and community members,
- Experts on HIV and other STIs, and
- Human rights expert.

2.2. Members of a RVT shall be appointed by the RVS for each country validation.

2.3. A team consists of approximately six or seven independent experts. The team’s activities are supported by the RVS and regional partners.

2.4. Optimum diversification in terms of professional background, gender, geographical representation, international standing and affiliations will be considered.

2.5. A team leader will be appointed by the RVS, who will lead and coordinate the RVT.

2.6. Each member will be asked to sign a confidentiality and conflict of interest statement. The members should not have any salary, bonuses or other compensatory elements tied to their membership or actions.

3) **Frequency and cost of activities**

3.1. The frequency of activities will depend on the progress made by countries and the number and timing of validation requests submitted by countries.

3.2. WHO, UNICEF, UNAIDS, and the other partners will mobilize resources to support operational costs for the validation, including travel costs of the RVT members.

- **National Validation Committee and Team**
  Countries preparing for validation will establish a national validation committee (NVC). The NVC is responsible for the national validation process. The NVC is convened, chaired and led by the Ministry of Health. The NVC gathers evidence and prepares the national validation report; coordinates internal validation processes; and ensures strong communication with the Ministry of Health and stakeholders. The NVC may convene a national validation team (NVT) as a subset of the NVC membership to perform its tasks.

3. **Process of validation**
A more detailed description of each step is available in Global guidance on criteria and processes for validation: elimination of mother-to-child transmission (EMTCT) of HIV and syphilis.\textsuperscript{vii}

\begin{itemize}
  \item Ministry of Health establishes National Validation Committee (NVC) (and National Validation Team (NVT))
  \item NVC (or NVT) collects, assesses country data and prepares national validation report and submits to the Regional Validation Secretariat (RVS)
  \item Ministry of Health submits a validation request to RVS
  \item Regional Validation Team (RVT) reviews national validation report and conducts country assessment with NVT (or NVC)
  \item RVT prepares regional validation report and submits to RVS
  \item RVS submits regional validation report to the Global Validation Secretariat (GVS)
  \item Global Validation Advisory Committee (GVAC) reviews regional validation report
  \item GVAC prepares global validation report and submits to GVS
  \item GVS issues official letter notifying the validation status
  \item GVS monitors maintenance of validation indicators through existing annual global reporting system
\end{itemize}

\textsuperscript{iii} \url{http://www.unicef.org/eapro/PPTCT_CF_and_ME_guide_17Aug11.pdf}
\textsuperscript{iv} WHO 2007. Global elimination of congenital syphilis: rationale and strategy for action.
\textsuperscript{v} UNAIDS 2011. Global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive.
\textsuperscript{vi} WHO 2016. Regional Framework for Triple Elimination of Mother-To-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018-2030