



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **52nd DIRECTING COUNCIL**

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#### **B. STRATEGY AND PLAN OF ACTION FOR THE ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND CONGENITAL SYPHILIS: MID-TERM EVALUATION**

##### **Background**

1. In 2010, the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis was approved by Pan American Health Organization (PAHO) Member States (Resolution CD50.R12) (1). The objective of the strategy is to eliminate congenital syphilis and mother-to-child transmission of HIV in the Americas by the year 2015 through: (a) reduction of mother-to-child HIV transmission to 2% or less; (b) reduction of the incidence of mother-to-child transmission of HIV to 0.3 cases or fewer per 1,000 live births; and (c) reduction of the incidence of congenital syphilis to 0.5 cases or fewer (including stillborn infants) per 1,000 live births. The resolution requests the PAHO Director to promote coordination and implementation of the Strategy and Plan of Action, promote partnerships and technical cooperation among countries, and report periodically to the Governing Bodies on the progress and obstacles identified during execution of the Strategy and Plan of Action.

##### **PAHO Support for Implementation of the Strategy and Plan of Action**

2. The PAHO HIV/STI Project, the Latin American Center for Perinatology and Women and Reproductive Health (CLAP/WR), and the United Nations Children's Fund (UNICEF) are leading the support for implementation of the Strategy and Plan of Action. Other supporting partners include: the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), and the Centers for Disease Control and Prevention (CDC). Tools developed include a concept document (2), integrated clinical guidelines (3), a costing tool (4), a monitoring strategy (5), a field guide (6), and a validation methodology (7). Various capacity-building activities were also conducted in collaboration with the partners, and direct support was provided to priority countries. The HIV project is implementing an innovative strategy for more

sustainable treatment programs in line with the UNAIDS/WHO Treatment 2.0 Initiative, which supports elimination efforts in the countries. In response to the resolution, PAHO also initiated reporting on the elimination targets in 2010, aligned with Universal Access reporting, based upon which two regional progress reports were prepared (8, 9). A mid-term evaluation of the implementation of the Strategy and Plan of Action was conducted in 2013.

### **Purpose of the Mid-term Evaluation**

3. The mid-term evaluation aimed to: (a) assess progress and identify challenges related to implementation of the Strategy and Plan of Action, and (b) identify priority countries and actions to accelerate progress towards achievement of the elimination targets by the year 2015.

### **Scope and Methodology**

4. The mid-term evaluation covered the first three implementation years of the resolution (2010-2012). The evaluation accounted for a regional perspective with country-level outcomes and issues being the top priority. The following sources of information were consulted: (a) the global UNAIDS report (10); (b) regional reports (8, 9); (c) reports of three sub-regional stakeholder meetings held in 2012; and (d) a mid-term evaluation questionnaire sent to all countries and completed by 32.

### **Key Findings**

#### ***Progress***

- (a) Most of the countries (33 of them) have developed strategic and/or operational plans, and 30 countries have developed or updated their national guidelines.
- (b) Regional coverage of HIV testing among pregnant women increased from 29% in 2008 to approximately 66% in 2011. The estimated coverage of antiretroviral treatment for pregnant women living with HIV increased from 55% in 2008 to 70% in 2011 (67% in Latin America and 79% in the Caribbean). Consequently, new cases of HIV infection among children dropped by 24% in Latin America and by 32% in the Caribbean between 2009 and 2011.
- (c) The HIV mother-to-child transmission rate in Latin America and the Caribbean for 2011 is estimated to be 14.2% (5.8%–18.5%), a decline from 18.6% (10.5%-22.9%) in 2010.
- (d) Data reported by the countries in 2011 and 2012 indicate the following:
  - i. Eight countries achieved coverage of 90% or greater for HIV testing of pregnant women, and 10 countries reported antenatal syphilis screening at close to 90% or greater.

- ii. Among the 15 countries reporting on syphilis treatment of pregnant women in 2011, the coverage ranged from 23% to over 95%, with nine countries reporting coverage of 90% or greater.
- iii. Virological testing of HIV-exposed infants within two months of birth was low in the Region, with only three countries reporting levels close to 90% or greater. Country capacity to report and monitor these data needs to be strengthened. Significant loss to follow-up of infants prior to definitive diagnosis was noted by some of the countries.
- iv. Fourteen countries with antenatal care (ANC) coverage and syphilis testing greater than 80% reported congenital syphilis rates of less than 0.5 per 1,000 live births.
- v. Five countries with ANC coverage and HIV testing greater than 80% reported HIV vertical transmission rates of 2% or less, and an additional 10 countries had rates close to 2%.

### ***Challenges***

- (a) The available data indicate significant variances in progress. Some countries are still showing very low coverage of essential services.
- (b) Key challenges include:
  - i. need to strengthen health systems, health information and data collection systems and service delivery models that integrate ANC, HIV, and sexual and reproductive health (SRH);
  - ii. need for the promotion of early initiation of antenatal care and improvement of the quality of ANC;
  - iii. need for the strengthening of strategies to reach young women and other vulnerable groups with SRH and primary prevention interventions.

### **Conclusions**

- (a) The mid-term evaluation indicates significant progress in implementation of the Strategy and Plan of Action for the elimination of mother-to-child transmission of HIV and congenital syphilis. However, intensified action is needed in order to address the low coverage of services in some countries.
- (b) The countries for which PAHO recommends intensified action are:
  - i. Those with HIV or syphilis testing of pregnant women under 50% in 2011: Dominican Republic, Guatemala, Haiti, Mexico, Nicaragua, Panama, and Paraguay.

- ii. Those with HIV or syphilis testing of pregnant women between 50% and 70% in 2011: Antigua and Barbuda, Barbados, Bolivia, Colombia, Dominica, Honduras, Jamaica, Montserrat, Saint Lucia, and Turks and Caicos Islands.
- (c) The programmatic priorities for the second phase of the implementation period are: strengthening of the health information systems, development and sharing of models and best practices for HIV/SRH/MCH integration, and laboratory strengthening.
- (d) Continued emphasis on a health systems approach is essential in order to address the health systems barriers.

### **Action by the Directing Council**

- 5. The Directing Council is requested to take note of this mid-term evaluation and offer any recommendations it may have.

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