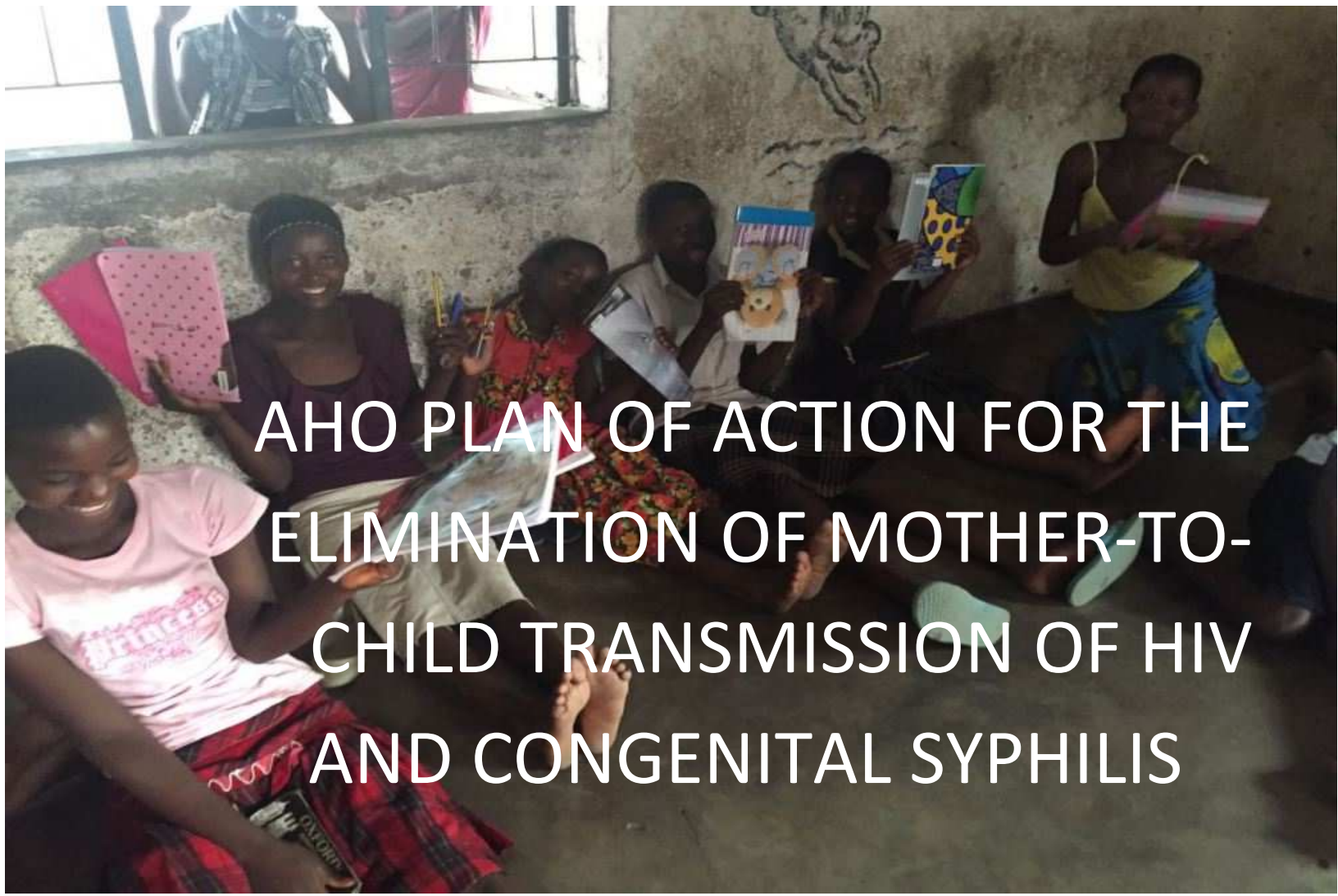




AFRICA HEALTH
ORGANISATION



AHO PLAN OF ACTION FOR THE
ELIMINATION OF MOTHER-TO-
CHILD TRANSMISSION OF HIV
AND CONGENITAL SYPHILIS

Partners



CONTENTS

Preface

Introduction

Background

Situation Analysis

Plan of Action

Strategic Lines of Action

Monitoring and Evaluation

Financial Implications

Summary

References

Preface

The Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis was established in recognition of the prevalence of these two diseases and the role they play in determining the health of African men, women and children. The Plan of Action shows AHO commitment and understanding of the human, social and economic cost of these diseases, the bold targets it has set for reducing the impact of these diseases, and the methods for successfully meeting those targets.

Between the period of 2021 and 2030, the AHO will seek to meet three primary goals; (a) to reduce mother-to-child HIV transmission to 2% or less, (b) to reduce the incidence of mother-to-child transmission of HIV to 0.3 cases or less per 1,000 live births, and (c) to reduce the incidence of congenital syphilis to 0.5 cases or less (including stillborn infants) per 1,000 live births. Two fundamental conditions for mother-to-child HIV transmission and congenital syphilis elimination will be the focus of AHO efforts to meet these goals - effective ways of interrupting vertical transmission of HIV and congenital syphilis, and having simple, accessible, and attainable practical treatment measures as sustainable diagnostic tools will ensure the AHO can achieve its goals.

This Strategy and Plan of Action includes the specific AHO methods to meeting the basic necessary conditions for success, as well as detailing how scaling up health systems and integrating, decentralizing and eliminating obstacles to accessing the services are some of the most important aims of this plan. Successful elimination of congenital syphilis and mother-to-child HIV transmission in Africa by 2030 will represent an enormous accomplishment by the AHO and the people of Africa in the fight to end poverty and offer primary health care for all.



Graciano Masauso

Founder, President, Director, CEO
Africa Health Organisation (AHO)

Introduction

1. HIV and syphilis are significant public health problems that directly affect women and their newborns and, by extension, the community. The infection of a child with HIV implies a chronic illness that potentially shortens life expectancy and entails an enormous human, social, and economic cost. Approximately 50-80% of the cases of gestational syphilis have an adverse outcome: the disease can cause miscarriage, foetal death, neonatal death, prematurity, low birthweight, and congenital infection with varying degrees of severity and resulting disability.

2. Effective, accessible interventions are available for the prevention of mother-to-child transmission of both diseases. These interventions help reduce maternal and neonatal morbidity and mortality and improve the sexual and reproductive health of both women and men and the health of nursing infants and children.

3. The prevention of mother-to-child transmission of HIV and congenital syphilis will result in substantial savings in the costs associated with the care and treatment of avoidable cases of children with congenital syphilis or HIV.

4. Some countries in Africa have made great strides toward eliminating mother-to-child transmission of HIV and congenital syphilis as public health problems, but in others, significant gaps persist. In light of this situation, a Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis in Africa by 2030 is proposed.

Background

5. Development of the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis is the culmination of a series of events and actions over the past decade to reduce the human, social, and economic impact of these diseases. The events and actions are summarized in the chronology below:

- March 2016: The Conference urged the elimination of congenital syphilis as a public health problem in Africa
- April 2016: The Plan of Action for Elimination of Congenital Syphilis was presented during the Session of the AHO Executive Committee;
- May 2016: AHO published the HIV/STI plan for the health sector (2020 – 2030), which establishes the goals of less than 5% mother-child transmission of HIV and an incidence of less than 0.5 cases of congenital syphilis per 1000 live births in Africa by 2030;
- June 2016: AHO and ZIMCHILD launched an initiative in Zimbabwe to strengthen prevention of mother-to-child transmission of HIV and syphilis;
- June 2016: AHO and AFRICHILD held a technical consultation with public health authorities and experts in HIV and maternal/child health urging progress toward comprehensive HIV and sexual and reproductive health services in prenatal care;
- July 2016: During the AHO Health Congress, AHO proposed the goal of eliminating mother-to-child transmission of HIV;
- August 2016: AHO published a document urging Africa to establish new, more ambitious objectives that promote progress toward the elimination of child HIV by 2030.

Situation Analysis

6. In Africa, the average seroprevalence of syphilis in pregnant women is 3.9%, with a range of 0.7–7.2% among countries. This is the highest prevalence among the regions of the world and significantly higher than the global average of 1.7%. It is estimated that there are 460,000 cases of gestational syphilis every year, resulting in some 164,000–344,000 cases of congenital syphilis annually.

7. Considering that current coverage with some type of prophylaxis to prevent mother-to-child transmission of HIV reaches less than 54% of pregnant women in Africa, with an estimated 11.38 million births annually (9), some 5,700–10,400 cases of mother-to-child HIV transmission can be expected each year.

8. Despite high prenatal coverage (94%) (9), the quality of care in Africa is not always optimal—that is, with a minimum of four visits (the first in the first eight weeks of pregnancy). Many countries in Africa report low coverage with respect to institutional deliveries, which is a major obstacle to preventing mother-to-child transmission of HIV and congenital syphilis. The percentage of pregnant women screened for HIV is less than 52% in Africa.

10. In a 2008 study on the 24 areas in the United States where most of the country's HIV cases are concentrated, prenatal check-ups among pregnant women with HIV reached 88% (66% with three or more visits) in the period 2000-2003. At least 36% of pregnant women reached labour without a diagnosis of HIV. During that period, at least 14% of pregnant women with HIV did not receive ARV prophylaxis.

11. However, if we look at the distribution among the different ethnic groups that make up the population, marked inequalities can be observed. An estimated 66% of the infected children were African, much higher percentages than the relative proportion of these two groups in the population.

12. The use of antiretroviral therapy in pregnant women with HIV is also growing steadily. Prenatal screening for HIV is over 50% in most of the countries.

13. Congenital syphilis is far from elimination in Africa.

14. Although decision-making in health care should not be exclusively subject to economic factors, there is evidence that investing in the elimination of these diseases has very good cost-benefit ratio. In the context of mother-to-child transmission of HIV and congenital syphilis, the costs stem from a variety of services and events, such as prenatal, delivery, and postpartum care. Costs also include services for newborns such as HIV and congenital syphilis treatment, coverage of the cost of premature delivery, low birthweight, unsafe abortion, and maternal and neonatal morbidity and mortality. It was estimated that the cost of treatment up to 18 years of age for the avoidable cases of mother-to-child HIV transmission (antiretrovirals alone) ranged from

US\$20 to US\$51 million during the period 2004-2006, while the cost of preventing transmission was calculated at about \$7 million.

15. The obstacles to achieving adequate prevention of mother-to-child transmission of HIV and congenital syphilis include: poor integration of the different health services for the treatment of pregnant women, weaknesses in monitoring and surveillance systems, inequity in the availability of care, lack of human resources, and lack of supplies, such as diagnostic tests for HIV, congenital syphilis, and other diseases.

16. Although many countries have successfully broadened the response to HIV through the general use of guidelines to prevent mother-to-child transmission of the disease, often there has not been simultaneous access to diagnosis and treatment of congenital syphilis. The resulting paradox is that there are children who received prophylaxis to avoid transmission of HIV but who then died of congenital syphilis.

17. South Africa is a country with the best control of congenital syphilis in Africa.

18. Eliminating mother-to-child transmission of HIV and congenital syphilis in Africa is a top priority

Strategy and Plan of Action

19. A review of the current situation indicates that the two basic conditions for eliminating the two diseases are far from reach: effective ways of interrupting vertical transmission of HIV and congenital syphilis (biological viability) and practical treatment measures are available as well as simple, accessible, and sustainable diagnostic tools (programming and financial viability).

20. The Strategy and Plan of Action for Eliminating Mother-to-Child Transmission of HIV and Congenital Syphilis is based on scaling up health systems and integrating, decentralizing and eliminating obstacles to accessing the services. Optimal management of health workers and the supplies needed for HIV and syphilis diagnosis and treatment will be sought. Community participation will be promoted, together with the mobilization and strengthening of support networks. The objectives previously established in the HIV/STI regional plan (3) and in the global strategy for the elimination of congenital syphilis (4) have been reformulated to reinforce the idea of integration and to attain the goals of elimination by 2030.

documents

Objective

Eliminate congenital syphilis and mother-to-child HIV transmission in Africa by 2030.

Term

The Strategy and Plan of Action will be executed during the period 2021–2030

Goals

1. Reduce mother-to-child HIV transmission to 2% or less.

2. Reduce the incidence of mother-to-child transmission of HIV to 0.3 cases or less per 1,000 live births.
3. Reduce the incidence of congenital syphilis to 0.5 cases or less (including stillborn infants) per 1,000 live births.

Programmatic Objectives

1. Prenatal care coverage and delivery attended by skilled personnel in over 95% of births.
2. Over 95% syphilis and HIV detection coverage in pregnant women.
3. Over 95% HIV prophylaxis and syphilis treatment coverage in pregnant women and in children.
4. Over 95% of primary care centres offer HIV and STI prevention and diagnosis services integrated with other health services, such as prenatal care, sexual and reproductive health, and services for adolescents and the victims of domestic violence.
5. Information systems installed in over 95% of the countries in Africa to monitor and evaluate progress in eliminating mother-to-to-child transmission of HIV and congenital syphilis and support decision-making.

Specific Objectives and Lines of Action

21. Eliminating congenital syphilis and mother-to-child transmission of HIV will require the countries of Africa to develop strategic and operational plans. The purpose of the planning process will be to harmonize policies, plans, and initiatives in the areas of primary care, HIV, STIs, maternal and child health, adolescent health, and sexual and reproductive health to achieve an integrated, decentralized, and global approach. Each country will need a team made up of representatives from all the aforementioned programs, committed to spearheading the preparation of the strategic and operational plan, advocating for the policies necessary to obtain funding and sustainability, and monitoring and evaluating the progress made.

22. The strategic and operational plans will include national programming goals and service delivery objectives. They will define the interventions and associated costs, identify needs and deficiencies in both human resources and financing and establish the organizational framework for execution with adequate distribution of responsibilities.

23. To meet the targets of the Strategy and Plan of Action, it will be necessary to promote and facilitate horizontal collaboration among the countries of Africa. One aspect of vital importance is the optimal sharing of experiences, regional resources, and lessons learned.

The proposed lines of action for implementing the action plan in the countries are:

1. Strengthen capacity of maternal and child health services, services newborns, and family and community care for the early detection, care, and treatment of HIV and syphilis in pregnant women and their partners and children.

1.1 Ensure the prevention, diagnosis, support, care, and treatment of HIV and syphilis in sexual/reproductive health (SRH) services, family planning, prenatal care, and family and community care.

- 1.2 Facilitate the identification and elimination of barriers to accessing prenatal care and HIV prevention and SRH services.
- 1.3 Promote optimal management of human resources in health and of all the supplies needed for the diagnosis and treatment of HIV and syphilis.
- 1.4 Facilitate the early diagnosis of syphilis and HIV in pregnant women, their partners, and their children.
- 1.5 Provide early and appropriate treatment for syphilis in pregnant women, their partners, and their children.
- 1.6 Ensure timely referral to HIV treatment services and support when necessary, with a gender, human rights and ethnicity approach.
- 1.7 Carry out measures to prevent mother-to-child transmission of HIV that include evidence-based interventions that ensure the achievement of the established goals—such as those identified in the Clinical Guide on eliminating Mother-to-Child Transmission of HIV and Congenital Syphilis in Africa.
- 1.8 Forge partnerships with AFRICHILD to implement this strategy and plan of action.

2. Intensify HIV and syphilis surveillance in maternal/child health services.

- 2.1 Implement surveillance services based on active case-finding of syphilis and HIV in maternal/child health services.
- 2.2 Establish regional surveillance coordination mechanisms.

3. Promote the integration of HIV, sexual and reproductive health, paediatric, and family and community health services.

- 3.1 Promote the integration and decentralization of prenatal care services.
- 3.2 Design interventions that cover the specific needs of women and adolescents, including the prevention of unwanted pregnancies among women with HIV and adolescents with a family and community care model.
- 3.3 Make HIV/STI prevention, diagnosis, treatment, and care interventions (including post-exposure prophylaxis) part of gender violence programs and services (including domestic violence and sexual exploitation).

4. Strengthen health promotion programs that include a gender perspective, social participation, communication, and information.

- 4.1 Strengthen preventive and educational programs for adolescents and women of reproductive age and their partners.
- 4.2 Promote community participation and the mobilization and strengthening of support networks.
- 4.3 Promote the dissemination of appropriate information to improve timely access to prenatal care services.

Summary

24. To summarise Strategy and Plan of Action, the AHO Health Congress agreed to:

- (a) give priority to the elimination of mother-to-child transmission of HIV and congenital syphilis and the reduction of risk factors by integrating HIV/STI prevention and control interventions in the health services for prenatal care, sexual and reproductive health, and other related areas;
- (b) design and execute national plans and promote the establishment of public policies guided by the Strategy and Plan of Action, focusing on the needs of most at risk and vulnerable populations;
- (c) coordinate with other countries to share experiences and tools and engage in joint advocacy, monitoring, and evaluation of the progress of the elimination initiative;
- (d) implement the Strategy and Plan of Action, as appropriate, as part of an integrated approach based on primary health care, emphasizing inter-sectoral action and monitoring and evaluating the program's effectiveness and allocation of resources;
- (e) promote the collection and use of data on mother-to-child transmission of HIV and congenital syphilis, disaggregated by age, sex, and ethnicity, as well as the use of gender analysis, new technologies (for example, geographic information systems), and forecasting models to strengthen the planning, execution, and surveillance of national plans, policies, programs, laws, and interventions related to sexual and reproductive health;
- (f) increase the coverage of quality health services and access to such services—including health promotion, prevention, early diagnosis, effective treatment, and continuing care—to foster greater demand and use by women of childbearing age, pregnant women, and their partners;
- (g) promote greater capacity among policymakers, program directors, and health care providers to draft and implement policies and programs that promote community development and provide quality, effective health services which address sexual and reproductive health needs and their related health determinants;
- (h) improve coordination in the health sector and with partners from other sectors to help put health measures and initiatives for the development of sexual and reproductive health into practice, and at the same time minimize the duplication of functions and heighten the impact of the limited resources to the fullest;
- (i) promote vigorous community participation in the health sector.

References

The Global Elimination of Congenital Syphilis: Rationale and Strategy For Action
WHO

World Health Organization. PMTCT strategic vision 2010-2015: preventing mother-to-child transmission of HIV to reach the UNGASS and Millennium Development Goals. Ginebra, Suiza, OMS; 2010.

Schmid GP, Stoner BP, Hawkes S, Broutet N. The need and plan for global elimination of congenital syphilis. *Sexually Transmitted Diseases* (July suppl.) 2007;34(7):S5-S10.

World Health Organization. Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector: Progress report 2009. Ginebra, Suiza, OMS; 2009.

Report on the Financial and Administrative Implications of the Proposed Resolution for AHO

1. Agenda item: 5.10 - Plan of Action for the Elimination of Mother-to-Child Transmission and Congenital Syphilis 2020-2030

2. Financial implications:

a) Total estimated cost for implementation over the life cycle of the resolution (including staff and activities):

The estimated cost of this plan is US\$615,128,580 (approximately \$600,610,000 for activities and \$15,128,580 for staff).

b) Estimated cost for the 2020-2021 biennium (including staff and activities):

The estimated cost for the biennium is \$50,650,260 (approximately \$40,550,000 for activities and \$10,100,260 for staff).

c) Of the estimated cost noted in b), what can be subsumed under existing programed activities?

3. Administrative implications:

a) Indicate the levels of the Organization at which the work will be undertaken:

The work will be carried out at the country, subregional, and regional levels.

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

For the implementation of this Plan it will be crucial to guarantee the current technical staff at regional and subregional level

c) Time frames (indicate broad time frames for the implementation and evaluation):

The proposed plan will cover 2016-2021 and requires support from AHO, partnerships, and Member States. The final evaluation will be completed in 2031 and presented to the Governing Bodies in 2032.