Elimination of mother-to-child transmission of HIV and syphilis in the Americas

UPDATE







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2015

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ACRONYMS

3TC Lamivudine ANC Antenatal care

ART Antiretrovirals therapy

ARV Antiretroviral
AZT Zidovudine
EFV Efavirenz
FTC Emtricitabine

HIV Human immunodeficiency virus

LAC Latin America and the Caribbean

MTCT Mother-to-child transmission

NVP Nevirapine

PAHO Pan American Health Organization

TDF Tenofovir

UK United Kingdom

UNAIDS Joint United Programme on HIV/ AIDS

US United States of America WHO World Health Organization

1. Executive summary

The Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis approved in 2010 in Resolution CD50.R12 of the 50th Directing Council by the Member States of the Pan American Health Organization (PAHO) establishes the goal of eliminating mother-to-child transmission (MTCT) of HIV and congenital syphilis by 2015. This document reports on the progress made toward elimination between 2010 and 2014.

- Ninety-eight per cent of the countries in the Region have national plans to eliminate мтст of HIV, six more than in 2013, and in 90% of the countries, the plans are integrated with the elimination of congenital syphilis, five more than in 2013. In order to measure the impact of the plans, 69% (36) of the countries in the Region of the Americas have surveillance systems for infants exposed to HIV and 81% (42) have systems for the surveillance of congenital syphilis.
- Improvement is seen in access to prenatal care in Latin America and the Caribbean. In 2014, 97% of pregnant women in the Region (96% in Latin America and the Caribbean) attended at least one prenatal care visit by trained staff, and 91% (88% in Latin America and the Caribbean) attended four or more visits. This means that 1.4 million women attended fewer than four prenatal care visits, of which half a million received no prenatal health care.
- It is estimated that 75% of pregnant women in Latin America and the Caribbean accessed HIV testing and counselling for HIV in 2014, a trend that has increased by 22% over the last 5 years. However, the coverage of screening tests for syphilis in pregnant women who attended prenatal care has remained stable at around 79% from 2011 to 2014. It is estimated that in Latin America and the Caribbean there are 2.7 million pregnant women who were not tested for syphilis during pregnancy and 2.8 million without access to an HIV test in 2014.
- Every year in Latin America and the Caribbean the number and percentage of pregnant women with HIV who receive antiretrovirals increases

while the percentage of pregnant women with syphilis that receive treatment remains stable. In 2014, 81% [69%-95%] of pregnant HIV-positive women in low- and middle-income countries in the Region of the Americas received antiretroviral therapy for the prevention of MTCT of HIV, a 43% increase over five years. In 2014, 22,000 pregnant women with HIV received antiretroviral drugs to prevent mother-to-child transmission of HIV in Latin America and the Caribbean (LAC), 4% (758) more than in 2013 and 39% more than in 2010. The figures for the treatment of syphilis-positive pregnant women range between 50% and 100%, with a regional average of 85% in 2014.

- The number of new HIV infections in children aged 0-14 years declined by 78% between 2000 and 2014, which means 2,500 new HIV infections in children in 2014 in Latin America and the Caribbean. The decrease in Latin America was 73%, from 7,400 cases to 2,000 children recently infected with HIV, and in the Caribbean the decrease was 88%, from 4,100 cases to fewer than 500. The percentage of infants who were children of HIV-positive women in low- and middle-income countries in the Region of the Americas who accessed early infant diagnosis, within the two months of birth, varied widely, ranging from 11% to more than 95%.
- In 2014, 22 countries in the Region of the Americas reported data compatible with the achievement of the goals of HIV MTCT elimination. The rate of mother-to-child transmission of HIV in Latin America and the Caribbean decreased 50% between 2010 and 2014, from 14% [9-18%] to 7% [4-9%]. These data are in line with antiretroviral therapy coverage in HIV-positive pregnant women in LAC, which increased 56% [48%-66%] in 2010 to 81% [69%-95%] in 2014. In 75% of the countries, reported mother-to-child transmission of HIV is under 4%.
- Last year, 18 countries successfully eliminated MTCT of syphilis. In the Region of the Americas 17,400 cases of congenital syphilis were reported for 2014, at a rate of 1.3 cases per 1,000 live births.

- In 2014, 17 countries in the Region (nine more than in 2013) reported data indicating the elimination of both MTCT HIV and syphilis. In 2015, Cuba became the first country in the world to receive validation from the World Health Organization (WHO) of the elimination of mother-to-child-transmitted HIV and syphilis. This milestone marks the beginning of a process of validating the end of these epidemics in children in the Americas and around the world.
- The Region of the Americas continues to make progress in eliminating MTCT of HIV and syphilis. Data suggest that services for HIV and syphilis are indeed included in prenatal health care services. The goals of eliminating MTCT of HIV and syphilis are increasingly perceived as quality markers of maternity and child care services.
- Elimination of MTCT has proceeded more rapidly with HIV than with syphilis. Elimination of MTCT of syphilis seems to have reached a stationary point. Furthermore, there are gaps are in data

- quality, mainly in the detection and treatment of gestational syphilis and the diagnosis and reporting of congenital syphilis. Countries should conduct detailed disaggregated analysis (by geographical location, age of the mother, socioeconomic status, ethnic group, etc.) to understand gaps and develop appropriate actions to improve access to these services.
- On the basis of the progress made and the pending gaps, it appears the Region will achieve the goal of dual elimination in the short term, although not in the coming year. Thus planning of a second phase for elimination is proposed to ensure that the elimination of MTCT of HIV and syphilis is achieved. This will involve assessing the possibility of expanding to include the elimination of other infections relevant to public health, such as Hepatitis B virus.

2. Background

The Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis was adopted in 2010 in Resolution CD50.R12 of the 50th Directing Council [1] by the PAHO Member States. The following goals were established for 2015:

- To reduce ни мтст to 2% or less;
- To reduce the incidence of pediatric cases of HIV infection to 0.3 per 1,000 live births or less;
- To reduce the incidence of congenital syphilis to 0.5 cases (including stillbirths) per 1000 live births; or less.

THE PROGRAMMATIC OBJECTIVES ARE:

- Coverage of prenatal care and delivery attended by skilled personnel in over 95% of births;
- Over 95% syphilis and HIV detection coverage in pregnant women;
- Over 95% antiretroviral (ARV) coverage for prevention of MTCT of HIV and syphilis treatment in pregnant women and children;

- 95% or more of primary care centers offer services for the prevention and the diagnosis of HIV infection and sexually transmitted infections, integrated with other services such as prenatal, sexual and reproductive health, adolescent health, prevention and treatment of gender violence
- 95% or more of countries use surveillance systems for monitoring progress in the elimination of MTCT HIV and syphilis and to support decision-making.

In 2015, Cuba became the first country in the world to receive validation from the who for eliminating mother-to-child transmission of HIV and syphilis. This milestone marked the beginning of continuing validation of the end of epidemics in children in the countries in the Region of the Americas and around the world [2-3].

This document reports the progress made toward eliminating MTCT of HIV and syphilis between 2010 and 2014. The results presented can help those responsible for policies, programs, and health workers in their efforts to achieve the elimination of MTCT in the Americas.

3. Methods and data sources

In analyzing progress in the elimination of mother-to-child transmission of HIV and syphilis in the Region of the Americas, data were included from 35 countries and 17 territories that are Member States, Participating States, or Associate Members of PAHO¹. Hereinafter we refer to these countries and territories with the generic term "countries".

The report refers to the Region of the Americas or to Latin America and the Caribbean according to the availability of information in each case. The generic term "children" will be used to refer to boys and girls.

The data sources are summarized in Table 1.

To classify the situation of each country with respect to the elimination of MTCT of syphilis, the congenital syphilis rates and the program coverage indicators were assessed: prenatal care coverage, syphilis detection and treatment in pregnant women, and the quality of the surveillance systems. A country is considered to have eliminated MTCT of congenital syphilis when the

congenital syphilis rate (including stillbirths) is \le 0.5 per 1,000 live births, prenatal care coverage is < 95%, syphilis testing during pregnancy is \ge 95%, and \ge 95% percent of syphilis-positive pregnant women receive appropriate treatment. Countries report cases of congenital syphilis on the basis of their own definition. In some cases infants stillborn due to maternal syphilis may not be reported.

To classify a country as having eliminated MTCT of HIV, the following were also included: perinatally HIV exposed children and children detected as HIV+, coverage of the HIV test in pregnant women, and antiretroviral therapy among those HIV+, and a qualitative analysis of the surveillance systems. A country is deemed to have eliminated MTCT of HIV when the rate of MTCT of HIV is ≤ 2% or when the rate of pediatric HIV infection is ≤ 0.3 per 1,000 live births, supported by indicators of access to prenatal care, screening tests for HIV in pregnant women, and treatment of HIV+ pregnant women.

This report classifies the countries using those criteria.

The PAHO Strategic Plan 2014-2019 includes 35 countries and 16 territories. This report also includes the US Virgin Islands.

Table 1. Sources of information according to type of indicator

Indicator	Source
Number of pregnant women	Office of the Division of Population of the United Nations (2014, 2012 revision) and the Census Bureau of the United States [4-5].
Prenatal care coverage: 1 visit, 4 visits, deliveries	Pan American Health Organization: Health Information and Analysis
attended by trained staff, and hospital deliveries	Unit. Regional Core Health Data Initiative, Washington DC, 2015 [6].
HIV diagnosis in pregnant women (HIV testing	
and counseling for pregnant women)	
Numerator	UNAIDS, WHO. Reports submitted by the countries 2010 to 2014
	on Global AIDS response Progress Reporting [7].
Denominator	Office of the Population Division of the United Nations (2014, 2012
	revision) and of the Census Bureau of the United States [4-5].
Diagnosis of syphilis in pregnant women	UNAIDS, WHO. Reports submitted by the countries 2010 to 2014
	on Global AIDS response Progress Reporting [7].
Syphilis seropositivity in pregnant women	UNAIDS, WHO. Reports submitted by the countries 2010 to 2014
, , , , ,	on Global AIDS response Progress Reporting [7].
Treatment of syphilis-positive pregnant women	UNAIDS, WHO. Reports submitted by the countries 2010 to 2014
	on Global AIDS response Progress Reporting [7].
Treatment coverage with antiretroviral drugs in HIV+ pregnant	
women to prevent the vertical transmission of HIV	
Numerator	UNAIDS, WHO. Reports of the countries on Global AIDS
	response Progress Reporting, 2015 [7].
Denominator	UNAIDS. 2014 estimates using EPP-Spectrum. 2015. How AIDS changed everything
	— мрс 6: 15 years, 15 lessons of hope from the AIDS response, 2015 [8].
Estimated number of new HIV infections in children (from	UNAIDS. 2014 estimates using EPP-Spectrum. 2015. How AIDS changed everything
0 to 14 years old) in Latin America and the Caribbean	— мрс6: 15 years, 15 lessons of hope from the AIDs response, 2015 [8].
Coverage of early HIV diagnosis in infants	
Numerator	UNAIDS, WHO. Reports submitted by the countries 2010 to 2014
	on Global AIDS response Progress Reporting [7].
Denominator	UNAIDS. 2014 estimates using EPP-Spectrum. 2015. How AiDs changed everything
Country	— MDG6: 15 years, 15 lessons of hope from the AIDS response, 2015 [8].
Country HIV MTCT rate	
Infants diagnosed with HIV infection	UNAIDS, WHO. Reports submitted by the countries 2014 to 2015
Infants with perinatal exposure to HIV	on Global AIDS response Progress Reporting [7].
Infants with perinatal exposure to HIV without a definitive diagnosis	PAHO. Country reports on the elimination of MTCT of HIV and syphilis, 2011, 2012, 2013.
Regional rate of mother-to-child transmission of HIV	UNAIDS. 2014 estimates using EPP-Spectrum. 2015. Unpublished data.
Congenital syphilis rate	
Numerator	UNAIDS, WHO. Reports submitted by the countries 2014 to 2015
	on Global AIDS response Progress Reporting [7].
	рано. Country reports on the elimination of мтст of нıv and syphilis, 2011, 2012, 2013
Denominator	Office of the Population Division of the United Nations (2014, 2012
	revision) and of the Census Bureau of the United States [4-5].
Indicators related to policies (Section 4, figure 1)	UNAIDS, WHO. Reports submitted by the countries in 2015
	on Global AIDS response progress reporting [7].

Policies and information systems on mother-tochild transmission of ніv and syphilis

In 2014, 98% (39) of the countries in the Region had national plans to eliminate мтст of нıv, six more than in 2013; and in 90% (35) the plans were combined with the elimination of congenital syphilis, five more than in 2013 [9].

Eighty-eight percent of the countries recommend option B+ (offering lifelong ART to all pregnant women with HIV, regardless of their CD4 count) for the prevention of MTCT of HIV, four countries more than in 2013, and all have national recommendations for feeding infants exposed to HIV. Half of the countries (20/36) nationally recommend the regimen of TDF/3TC(FTC)/EFV as first-line antiretroviral therapy for pregnant and nursing women with HIV infection, an improvement by six countries since 2013 [9]. Ninety-three percent of countries have available rapid HIV tests, although there is no information on their use in pregnant women; 46% of countries use rapid syphilis tests in prenatal care. (Figure 1, Table 7).

Sixty-nine percent (36) of the countries in the Region of the Americas have functioning surveillance systems of infants exposed to HIV. Surveillance of cases of perinatal HIV has improved considerably, since in 2010 only 26 countries (50%) reported data to PAHO on children of HIV+ mothers and the result of exposure [10].

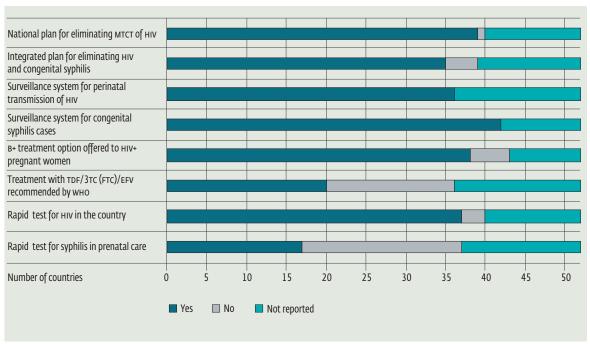
Countries have traditionally reported cases of congenital syphilis and 81% (42) have systems for the surveillance of congenital syphilis. However it continues to be a challenge to maintain highly sensitive systems to identify and systematically report cases. For example, some countries, like Argentina, Chile, Costa Rica, El Salvador, Honduras, Nicaragua, and Saint Lucia, indicate that the reported cases of congenital syphilis do not include infants stillborn due to congenital syphilis. Countries are working on improving the reporting of congenital syphilis, for example, by reviewing their case definition to make it more sensitive.

With regard to information systems on access to prenatal care, surveys are used in six countries of the Region. Fifty-six percent of the countries use program data that report the number of prenatal care visits, and 22% have birth records as a critical part of their vital statistics information system that also collects information on prenatal care. The cost-effectiveness and sustainability of the information increase when the data are taken from well-established routine information systems with quality control. National birth records can constitute one of the best sources of information on access to prenatal care and delivery care.

HIV testing and counselling services for pregnant women in 2014 were reported by 60% (31) of the countries, three more than in 2010, nevertheless some countries still have difficulty recording the number of pregnant women instead of the total number of tests. Half of the countries provided information on antiretroviral therapy in HIV+ pregnant women in 2014. Fifty-four percent (28) reported on screening tests for syphilis and on syphilis treatment for syphilis-positive pregnant women, two and 11 countries more, respectively, than in 2010 [10].

Progress is evident in the availability and quality of information in this area. The countries should continue to invest in information systems that provide data on basic prenatal health care services and in the quality of the services (for example, complete information on individuals, not only on events). They should also invest in improving the quality, sensitivity and scope of their pediatric HIV and congenital syphilis case surveillance; particularly aligning case definitions with those internationally accepted.

Figure 1. Policies and program elements reported by the countries to help eliminate MTCT of HIV and syphilis in the Region of the Americas, 2014



Source: UNAIDS/WHO, Country Global AIDS response Progress Reporting, (2015).

Note: A perinatal HIV surveillance system was considered when the surveillance system reports children perinatally exposed to HIV and children HIV+ due to MTCT.

Delivery of services for the prevention of mother-to-child transmission of ніv and syphilis

5. 1. Access to prenatal care, delivery care, and hospital delivery

In the American continent in 2014 there were 15.6 million pregnant women, 11 million of them in Latin America and the Caribbean. In 2014, 97% of pregnant women in the Region (96% in LAC) attended at least one prenatal care visit attended by with staff; and 91% (88% in LAC) attended four or more visits. The gap implies that 1.4 million women attended fewer than four prenatal visits; half a million of those received no prenatal care, the majority of them in Latin America and the Caribbean (Figure 2).

Despite the gaps, there is a trend toward improved access in Latin America and the Caribbean. Prenatal care coverage has increased in the last year by 3%, based on new information for 2014 from 24 countries. Two of the 24 countries showed less than 90% coverage in access to at least one prenatal care visit attended by skilled personnel: El Salvador (84%) and Bolivia (86%) (Table 8).

In two-thirds of the reporting countries, the difference between the percentage of women who went to one prenatal visit and four or more prenatal visits is 5 points or less, while in a third of the countries, the difference was approximately 10 percentual points or more: Nicaragua (25%), Bolivia (25%), Venezuela (10%), and El Salvador (10%) (Table 9). This could be due to late attendance at prenatal health care services, problems in the quality of care, and loss of pregnant women to subsequent monitoring.

For the Americas in 2014, 96% of deliveries were attended by health personnel and 94% were in hospitals (94% and 92% respectively in Latin America and the Caribbean). The countries with the lowest percentages of women assisted in delivery by trained staff were Haiti (50%), Guatemala (63%), and Bolivia (74%) (Table 9).

The regional figures hide lower coverage of prenatal care in a few countries, as well as subnational and local inequities, requiring detailed analyses disaggregated by locality, age of the pregnant woman, socioeconomic level, ethnic group, etc. in order to understand the gaps and take appropriate action to improve access to these services.

15.6M 15,1M 14,9M 16.0 14,2M 14.0 4.6 M 4.6 M 4.6 M 12.0 4.6 M 10.0 8.0 6.0 10.5 M 9.6 M 10.3 M 11.0 M 4.0 2.0 0.0 Pregnant women Pregnant women Pregnant women Millions Pregnant women attending >= 1 ANC attending >= 4 ANC with delivery attended visits by health personnel visits by health personnel by health personnel Latin America and the Caribbean North America

Figure 2. Number of pregnant women, number with access to prenatal care, and number receiving delivery services in the Americas, 2014

Source: PAHO, Basic Indicators, (2014).

5. 2. HIV and syphilis testing in pregnant women

It is estimated that, in 2014, 75% of pregnant women in Latin America and the Caribbean (Figure 3) had access to HIV testing, an increase of 22% over five years (Figure 3, Table 10). The countries in the Region that reported lower HIV testing rates among pregnant women are Guatemala (55%), Mexico (56%) and Paraguay (66%). However, screening for syphilis in pregnant women who visited prenatal care remained stable at around 79% from 2011 to 2014, and half the countries showed values above 88% (Figure 4, Table 11). The countries in the Region that reported the lowest rates of screening pregnant women for syphilis are the Dominican Republic (17%), Panama (33%), Honduras (57%), Mexico (61%), and Paraguay (66%).

Latin America and the Caribbean

■ 2010 **Ø** 2011 **■** 2012 **■** 2013 **■** 2014

The low coverage can be attributed to a combination of factors, such as lack of access to the syphilis test, not offering the test, lack of reagents, and information system problems, such as failing to record the screening on the pregnant woman's record card or in electronic or paper records. During this period, the prevalence of syphilis in pregnant women did not change.

In short, despite the high coverage reached in 2014, there are still an estimated 2.7 million pregnant women in Latin America and the Caribbean who did not receive any test for syphilis during pregnancy, and 2.8 million pregnant women who did not have access to an HIV test in 2014 (Figure 5).

100 92 89 90 83 75 80 74 73 72 67 66 70 65 64 62 62 61 Percentage pregnat women with HIV 58 60 50 esting and counselling

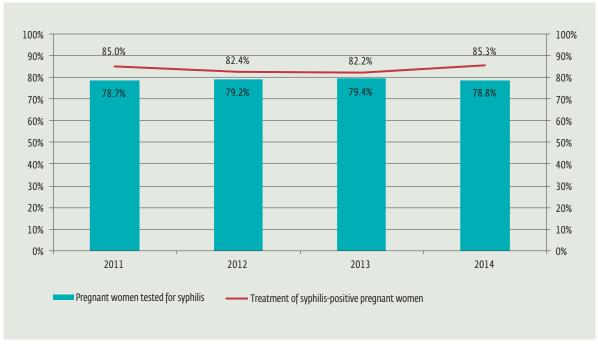
Figure 3. Trend in HIV testing and counseling among pregnant women in Latin America and the Caribbean, 2010-2014

Sources: UNAIDS/WHO, Country Global AIDs response Progress Reporting, (2015) (numerator); Population Division of the United Nations, 2012 revision, (2013) and estimates by the Census Bureau of the United States of America (denominator).

Latin America

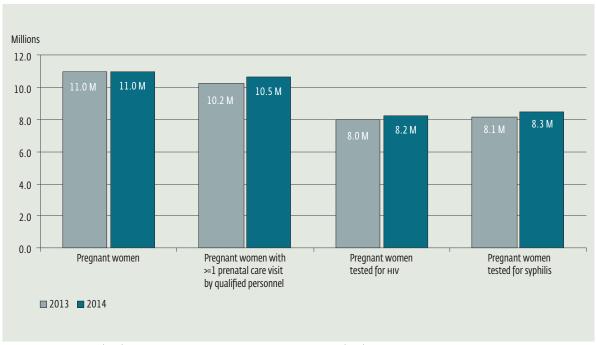
Caribbean

Figure 4. Percentage of pregnant women who have access to prenatal care and were screened for syphilis in Latin America and the Caribbean and the percentage of positives appropriately treated, 2011-2014



Source: unaips/who, Country Global aids response Progress Reporting, (2012-2015). Regional detection of syphilis and treatment based on data from 23 and 18 countries respectively.

Figure 5. Pregnant women that accessed prenatal care and HIV and syphilis testing in Latin America and the Caribbean, 2013-2014



Source: PAHO, Basic Indicators, (2014) and UNAIDS/WHO, Country Global AIDS response Progress Reporting, (2015).

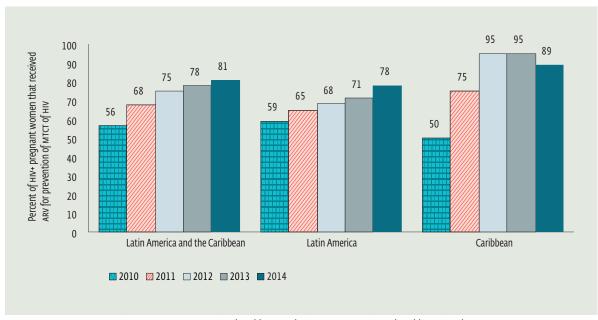
Treatment of HIV and syphilis in pregnant women

6. 1. Antiretroviral therapy for the prevention of mother-to-child transmission of HIV

The number and percentage of pregnant women with нıv who receive antiretrovirals has increased every year. In 2014, 81% [69%-95%] of HIV-positive pregnant women in low- and middle-income countries in the Region of the Americas received antiretroviral therapy for the prevention of MTCT of HIV. This is 43% more than five years ago, with coverage that increased from 56% [48%--66%] in 2010 to 81% in 2014 (Figure 6). For Latin America, in 2014, coverage was 78% [64%-94%] and 89% [78%-95%] in the Caribbean.

In 2014, 22,000 pregnant women with HIV received antiretrovirals to prevent mother-to-child transmission of HIV in LAC, 4% (758 HIV+ pregnant women more) more than in 2013 and 39% more than in 2010. However, some countries reported that a smaller number of pregnant women with HIV received antiretrovirals than in previous years. This does not seem to be a common pattern among the countries and can be attributed to various factors, among them, weaknesses in their information systems.

Figure 6. Estimated coverage of antiretroviral therapy in HIV+ pregnant women for the prevention of mother-to-child transmission of HIV in Latin America and the Caribbean, 2010-2014



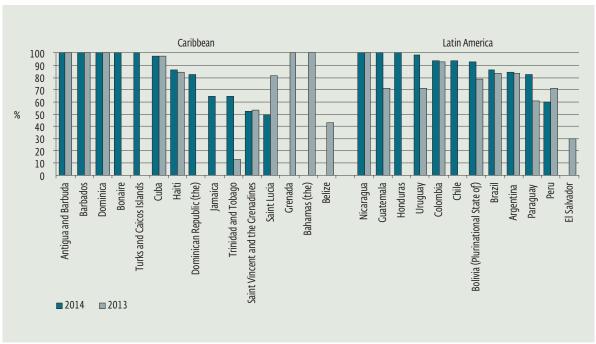
Source: UNAIDS/WHO, Country Global AIDS response Progress Reporting, (2015) (numerator) and UNAIDS, 2014 estimates, (2015) (denominator).

6. 2. Treatment of syphilis in pregnant women

More than half of the countries (56% or 29 out of 52) reported on the treatment of syphilis-positive pregnant women in 2014 in the Region of the Americas, six more than in 2010. The figures range between 50% and 100%, with an estimated regional value of 85%

(Figure 7, Table 12). Ten countries reported coverage higher than 95% while five reported 65% or less: Saint Lucia (50%), Saint Vincent and the Grenadines (52%), Peru (60%), Trinidad and Tobago (64%), and Jamaica (65%).

Figure 7. Percentage of syphilis-positive pregnant women with documented adequate treatment for syphilis in Latin America and the Caribbean, 2013-2014.



Source: UNAIDS/WHO, Country Global AIDS response Progress Reporting, (2014-2015).

Note: Arranged by 2014 treatment coverage figure for each subregion. Uruguay indicates that the 2013 figure comes from sip and presents a 25% subregister.

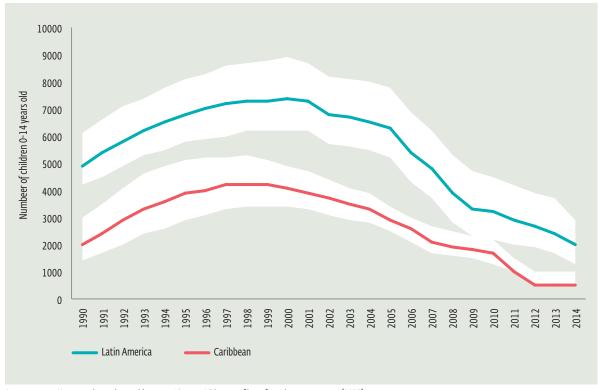
22 / ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND SYPHILIS IN THE AMERICAS

Elimination of mother-to-child transmission of HIV and syphilis

7. 1. Elimination of mother-to-child transmission of HIV

The number of new HIV infections in children aged 0-14 years declined by 78% between 2000 and 2014, meaning that in 2014 there were 2,500 new HIV infections in children in Latin America and the Caribbean. The decline since 2010 was 49%. From 2000 to 2014 in Latin America there was a 73% decline, from 7,400 cases to 2,000 children recently infected with HIV; and in the Caribbean, 88%, from 4,100 children to under 500 (Figure 8).

Figure 8. Estimated number of children (0-14 years of age) newly infected by HIV in Latin America and the Caribbean, 2001-2014



Source: UNAIDS, How AIDS changed everything-MDC: 15 years, 15 lessons of hope from the AIDS response, (2015).

Nevertheless, the percentage of infants of HIV-positive women in the Region of the Americas who access early-diagnosis tests within two months of birth reveals gaps and varies widely, from 11% to over 95%, depending on the country (Table 13).

The rate of mother-to-child transmission of $\rm HIV^2$ in Latin America and the Caribbean decreased 50% between 2010 and 2014, from 14% [9%-18%] to 7% [4-9%]³. These data are in line with the antiretroviral therapy coverage of $\rm HIV$ -positive pregnant women in LAC, which rose from 56% [48%-66%] in 2010 to 81% [69%-95%] in 2014 (Figure 9).

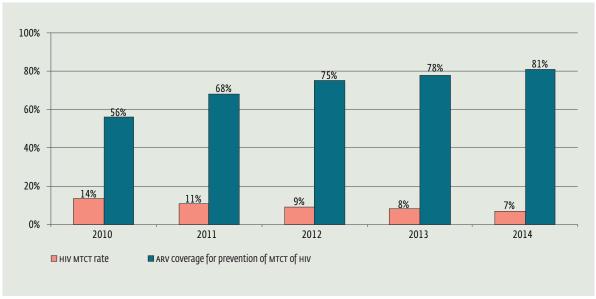
Thirty-seven countries reported on mother-to-child transmission of HIV in 2013 and/or 2014. Data refer to children born of HIV+ mothers and the results of their diagnosis in 2013 and 2014. Mother-to-child transmis-

sion of HIV ranged between 0% and 19%, and 75% of the countries reported a mother-to-child transmission of HIV under 4% (Table 14).

On the basis of these data, and on the evaluation of indicators from prenatal care programs and surveillance systems in each country, it was estimated that 22 countries in the Region of the Americas in 2014 (13 more than in 2013), reported data suggesting achievement of the goal of eliminating MTCT of HIV⁴. Eight other countries in the Region of the Americas are close to meeting the elimination targets (Table 2). The number of countries with insufficient information decreased from 19 in 2013 to 10 in 2014.

Considering the number of births in each country, 34% of births in the Americas occur in countries that report data suggesting that the target of eliminating MTCT of HIV and/or syphilis (Figure 10) has been met.

Figure 9. Trend in the estimated coverage of antiretroviral drugs for preventing MTCT of HIV in pregnant women and in the estimated HIV MTCT rate in Latin America and the Caribbean, 2010-2014



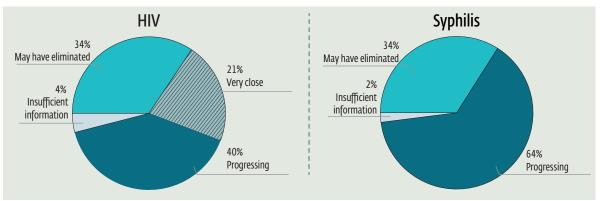
Source: UNAIDS, 2014 estimates using the EPP-Spectrum package, (2015). UNAIDS, HOW AIDS changed everything-MDG: 15 years, 15 lessons of hope from the AIDS response, (2015).

² That is, the percentage of infants perinatally exposed to HIV and who contracted HIV infection.

³ UNAIDS. 2014 estimates using the EPP-Spectrum package.

⁴ A transmission rate of 2% or less and a case rate of pediatric HIV infection ≤ 0.3 per 1,000 live births.

Figure 10. Distribution of births in the Americas according to country classification of MTCT of HIV and syphilis, 2014



Source: Births: PAHO, Basic Indicators, (2014).

Table 2. Classification of countries and territories in the Region of the Americas according to achievement of elimination targets for MTCT of HIV, 2014

May have achieved elimination of MTCT of HIV	Close to achieving	Progressing towards	Information insufficient to evaluate progress
(rate MTCT of HIV ≤ 2%*)	MTCT (>2-5%)		to crazaate progress
Anguilla	Bahamas	Argentina	Aruba
Antigua and Barbuda	Belize	Bolivia (Multinational State of)	Curação
Barbados	Brazil	Colombia	Ecuador
Bermuda	Guyana	Costa Rica	Grenada
Bonaire	Nicaragua	Dominican Republic	Guadeloupe
Canada	Saint Lucia	El Salvador	French Guiana
Cayman Islands	Suriname	Guatemala	Haiti
Chile	Trinidad and Tobago	Honduras	Martinique
Cuba		Mexico	Saint Martin
Dominica		Panama	Venezuela (Bolivarian Republic of)
Jamaica		Paraguay	
Montserrat		Peru	
Puerto Rico			
Saba			
Saint Eustatius			
Saint Kitts and Nevis			
Saint Vincent and the Grenadines			
Turks and Caicos Islands			
United States of America			
Uruguay			
Virgin Islands (UK)			
Virgin Islands (US)			

Source: PAHO, based on data reported on indicators of HIV mother-to-child transmission, prenatal care coverage, HIV screening of pregnant women, antiretroviral therapy in HIV+ pregnant women, and qualitative analysis of surveillance systems.

Note: Based on data for the period 2012-2014.

^{*} The rate of pediatric HIV infection is \leq to 0.3 per 1,000 live births.

7. 2. Elimination of mother-to-child transmission of syphilis

In 2014, 17,400 cases of congenital syphilis were reported in the Americas (data from 32 countries), with a rate of 1.3 cases per 1,000 live births. In 2014, 17 countries reported data compatible with meeting the target of congenital syphilis elimination, 3 more than the year before. Analysis of the reported data confirms that 26 countries were progressing toward the goal and nine countries had not reported sufficient data to assess progress (Table 3)⁵.

In classifying each country's progress toward eliminating мтст of syphilis, syphilis congenital rates and program coverage, indicators for prenatal care, syphilis screening and treatment of pregnant women, and the quality of the surveillance systems were all included. The reported data and communications with the countries under PAHO's technical cooperation suggest that the main challenges to the efforts to reduce MTCT of congenital syphilis are: low number of pregnant women screened for syphilis, late access to prenatal care, limited use of rapid testing in care centers, the need for frequent visits to health centers at various times to diagnose and treat syphilis and barriers for treatment provision in primary health care to pregnant women and their partners, including penicillin shortages.

Table 3. Classification of the countries and territories in the Region of the Americas with respect to the elimination of MTCT of syphilis, 2014

May have eliminated MTCT of syphilis	Made progress, but did not	Insufficient information
(≤ 0.5 per 1,000 live births*)	eliminate MTCT of syphilis	to evaluate progress
Anguilla	Argentina	Aruba
Antigua and Barbuda	Belize	Curação
Bahamas	Bolivia (Multinational State of)	Ecuador
Barbados	Bonaire	Guadeloupe
Bermuda	Brazil	French Guiana
Canada	Colombia	Martinique
Cayman Islands	Costa Rica	Saint Eustatius
Chile	Dominican Republic	Saint Martin
Cuba	El Salvador	Suriname
Dominica	Grenada	
Montserrat	Guatemala	
Puerto Rico	Guyana	
Saba	Haiti	
Turks and Caicos Islands	Honduras	
Virgin Islands (United Kingdom)	Jamaica	
Virgin Islands (US)	Mexico	
United States of America	Nicaragua	
	Panama	
	Paraguay	
	Peru	
	Saint Kitts and Nevis	
	Saint Lucia	
	Saint Vincent and the Grenadines	
	Trinidad and Tobago	
	Uruguay	
	Venezuela (Bolivarian Republic of)	

Sources: UNAIDS/WHO. UNAIDS/WHO, Country Global AIDS response Progress Reporting, (2012-2015). PAHO, country reports on the elimination of MTCT, (2010-2012). Note: Categories are based on data from 2011-2014.

^{*} Rate of congenital syphilis < 0.5 per 1000 live births, syphilis screening of pregnant women > 95%, and syphilis HIV-positive pregnant women who received treatment > 95%.

7. 3. Dual elimination of MTCT of HIV and syphilis

In 2014, 17 countries in the Region of the Americas (ten more than in 2013) reported data suggesting the elimination of MTCT of both HIV and syphilis: Anguilla, Antigua and Barbuda, Barbados, Bermuda, Canada, Cayman Islands, Chile, Cuba, Dominica, Montserrat, Puerto Rico, Saba, Saint Kitts and Nevis, Turks and Caicos Islands, Virgin Islands (UK), Virgin Islands (US), and the United States of America (Table 16).

In 2015, Cuba became the first country in the world to receive who validation of the elimination of mother-to-child transmission of hiv and syphilis (Table 4). Considered by Dr. Margaret Chan to be one of the greatest achievements in public health, Cuba's validation indicates the beginning of a process of confirming the end of these epidemics among children in the Region of the Americas.

Table 4. Dual elimination of MTCT of HIV and of syphilis in Cuba

In 2015 Cuba became the first country in the world to receive validation by the World Health Organization for eliminating mother-to-child transmission of HIV and syphilis

Cuba is known to prioritize the health of its citizens and has striven to ensure early access to prenatal care, to achieve high coverage of HIV and syphilis screening of pregnant women and their partners, treat women with positive results in the tests and their babies, and substitute breastfeeding in positive cases. These services are provided free of charge, as part of an equitable, accessible, and universal health system in which the maternal and child health programs are integrated with programs for the prevention and control of HIV and SETI is multisectoral and intersectoral. The Government of Cuba reported spending 14% of its annual budget on health in 2010, and financing more than 85% of the costs of the HIV and SETI program in 2011-2013. Contributions by international donors are limited to providing antiretroviral therapy and condoms. The country's response to HIV infection and SETI is effective and sustainable, given its robust primary care health system, high physician density—estimated at 7.3/1,000 inhabitants—and low dependency on external funds.

In 2014 Cuba reported HIV and syphilis prevalence of 0.14% and 0.15% in pregnant women respectively. Between 2012 and 2014, of the approximately 125,000 births reported per year, a total of 6 babies were born HIV-positive and 9 with congenital syphilis, which indicates rates of transmission below the thresholds of elimination (Table 5). This achievement is related to the virtually universal coverage of essential services for the elimination of mother-to-child transmission of HIV infection and congenital syphilis (Table 6).

After an official request for validation of the elimination of mother-to-child transmission of HIV and syphilis submitted to PAHO at the end of the 2013 by the Ministry of Health of Cuba, a National Validation Committee was established in Cuba to lead preparation of the national report on validation and on the future validation mission. In March 2015, a validation mission made up of international experts convened by PAHO visited Cuba to verify that the goal of elimination had been achieved. The validation process was carried out in accordance with the who Global guidance on criteria and processes for validation of the elimination of mother-to-child transmission of HIV and syphilis*. Cuba received the certificate of validation in July 2015.

^{*} wно, 2014. Global guidance on criteria and processes for validation of the elimination of mother-to-child transmission of нıv and syphilis. See: http://apps.who.int/iris/bitstream/10665/112858/1/9789241505888_enq.pdf?ua=1

Table 5. Impact indicators for the elimination of mother-to-child transmission of HIV and syphilis. Cuba, 2012-2014

Impact indicators	2012	2013	2014
Annual rate of cases of congenital syphilis reported per 1,000 live births*	0.00	0.02	0.05
Rate of mother-to-child HIV transmission	1.83%	1.75%	2.0%
Annual rate of cases of mother-to-child HIV transmission reported per 1,000 live births*	0.016	0.016	0.019

^(*)Rates were calculated based on the number of live births estimated by the United Nations Population Division.

Table 6. Program results for eliminating mother-to-child transmission of HIV and syphilis. Cuba, 2012-2014

5		, <u>.</u>	•	
Coverage indicators	2012	2013	2014	
Percentage of pregnant women seen by trained health workers during the prenatal period	100%	100%		98%
Percentage of pregnant women screened for нıv and who know their status	National coverage cou	ıld not be calculated, bu	ıt was	
	consistently over 95%	for the validation sites		
Percentage of pregnant women tested for syphilis during pregnancy	99.5%	99.9%	9	9.3%
Percentage of нıv-positive pregnant women who received antiretroviral	95.4%	98.2%	98	8.9%
therapy to reduce the risk of mother-to-child HIV transmission				
Percentage of syphilis-positive pregnant women who received adequate treatment	100%	97.8%	9	7.6%

8. Conclusions and next steps

The Region of the Americas is making progress toward eliminating MTCT of HIV and syphilis. Data suggest that services for HIV and syphilis are firmly embedded in prenatal health care services.

Considering the progress made and pending gaps, the Region is expected to achieve the goal of dual elimination in the short term, although not in the coming year. Accordingly, a second phase plan will be undertaken to ensure fully achieving the elimination of MTCT of HIV and syphilis. Since elimination is increasingly regarded as a quality marker for maternal and child health care services, it makes sense to propose in this second phase plan, to expand and combine it with other regional strategies to eliminate mother-to-child transmission, such as Hepatitis B.

Although there has been clear progress with regard to available information, there is still room to improve the quality of the data, mainly for maternal and congenital syphilis, which is often incomplete. To reduce the gaps, countries should have information systems that provide data on basic prenatal health care services, including HIV and syphilis. They should also improve the coverage of their surveillance of pediatric HIV and congenital syphilis cases and include reports from private providers.

The reported data indicates that greater progress has been made in the elimination of MTCT of HIV than of syphilis. Response in the elimination of MTCT of syphilis seems to have reached a stationary point. Although there are a few countries that should still concentrate on closing coverage gaps, the majority of countries need to ensure the quality of services, making the services closer and accessible to the population, and ensuring that they reach the most vulnerable populations using innovations in technology to their full advantage. One of the greatest challenges is the failure to screen pregnant women for syphilis and/or HIV. Among the causes is the limited use of rapid tests at the point of care and the need

for frequent visits to health centers at different times to diagnose and treat syphilis; stock-outs of reagents and shortages in penicillin; late access or lack of access to prenatal care, mainly affecting vulnerable groups such as young, mobile populations, drug users, sex workers, etc.; and syphilis reinfection of pregnant women due to the lack of treatment of intimate partners and failure to use barrier contraceptives; errors in planning and purchasing and non-dedicated budgets [12-14].

Monitoring regional progress depends on the quality, representativeness, and coverage of national data. Limitations include underreporting the number of HIV and syphilis congenital cases and under-recording the monitoring of pregnant women. In some cases national representativeness is limited due to reporting problems in the private health sector in the countries of the Region, and the guiding role of the government in ensuring that events under surveillance are reported. Alignment of the congenital syphilis case definition with international who standards is also an issue.

Regional figures can hide a lower coverage of prenatal care in some countries as well as subnational and local differences in the countries. That is why detailed analyses are necessary and must be disaggregated by locality, age of the pregnant woman, socioeconomic level, ethnic group, etc. in order to understand the gaps and take appropriate action to improve access to these services.

PAHO through its technical cooperation, and in collaboration with key partners and the Regional Validation Committee, will support the process for validation among countries that have eliminated MTCT and applied for validation. PAHO requests that countries that have achieved elimination consider joining the regional effort by submitting their country reports and requesting validation. PAHO also provides technical support for countries with major gaps and programmatic challenges to strengthen their efforts to eliminate MTCT of HIV and congenital syphilis.

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10. Tables

Table 7. Policies and programmatic elements related to the elimination of mother-to-child transmission of HIV and of syphilis by country in the Region of the Americas, 2014

Countries	Plan to eliminate MTCT of HIV and syphilis	Integrated plan to eliminate MTCT of HIV and syphilis	B+ option recommended nationally for the prevention of MTCT	TDF/3TC(FTC)/ EFV as first-line treatment for pregnant women	National recommendation on feeding infants exposed to HIV	Rapid tests to screen for syphilis during prenatal care	Rapid tests to diagnose HIV infection
North America		sypimis					
Canada	T						
Mexico	Yes	Yes	Yes	No No	Yes	Yes	Yes
United States of America	Yes		Yes		Yes ^a		
Central America	165		103		163	***	
Costa Rica	Yes	Yes	No	No	Yes	No	Yes
El Salvador	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Guatemala	Yes	Yes	Yes	No	Yes	Yes	Yes
Honduras	Yes	Yes	Yes	No	Yes	Yes	Yes
Nicaragua	Yes	Yes	Yes	No ^a	Yes	No	Yes
Panama	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Andean Region	103	163	103	103	165	103	163
Bolivia (Plurinational State of)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Colombia	Yes	Yes	Yes ^a	No	Yes	Yes	Yes
Ecuador	Yes	No	Yes	Yes	Yes	No ^a	Yes
Peru	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Venezuela (Bolivarian Republic of)	Yes	Yes	Yes	No	Yes	No	Yes
Southern Cone and Braz	zil		1	l	I	l	
Argentina	Yes	Yes	Yes	No	Yes	No	Yes
Brazil	Yes	Yes	Yes	No	Yes	Yes	Yes
Chile	Yes	Yes	Yes	No	Yes	No	Yes
Paraguay	Yes	Yes	No	No	Yes	Yes ^a	Yes
Uruquay	Yes	Yes	Yes	Noa	Yes	Yes	Yes
Caribbean			I	<u>I</u>	ı	<u>I</u>	
Anquilla	Yes ^a	Yes	Yes	Yes ^a	Yes ^a	No ^a	Yes ^a
Antiqua and Barbuda	Yes	Yes	Yes	Yes	Yes	No	Yes
Aruba	Yes ^a	Yesa	Yes ^a	Yes ^a	Yes ^a	Yes ^a	Yes ^a
Bahamas	Yes	Yes	No	No ^a	Yes	No	Yes ^a
Barbados	Yes	Yes	No	Yes	Yes	No	Yes
Belize	Yes	Yes	Yes	No	Yes		Yes
Bermuda							
Bonaire							
Cayman Islands	Yesa	Yesa	Yes ^a	Noa	Yes ^a	Yes ^a	Noa

continues...

Table 7. (Continuation)

Countries	Plan to eliminate MTCT of HIV and syphilis	Integrated plan to eliminate MTCT of HIV and syphilis	B+ option recommended nationally for the prevention of MTCT	TDF/3TC(FTC)/ EFV as first-line treatment for pregnant women	National recommendation on feeding infants exposed to HIV	Rapid tests to screen for syphilis during prenatal care	Rapid tests to diagnose HIV infection
Cuba	Yes	Yes	Yes	Yes	Yes	No ^a	Yes
Curação							
Dominica	No	No	Yes	Yes	Yes		Yes
Dominican Republic	Yes	Yes	Yes ^a	Yes	Yes	Yes	Yes
French Guiana			Yes ^a				
Grenada	Yes		Yes ^a		Yes		Yes
Guadeloupe			Yes ^a				
Guyana	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Haiti	Yes	Yes	Yes	Yes	Yes	No	Yes
Jamaica	Yes	Yes	No	Yes	Yes	Yes	Yes
Martinique			Yes ^a				
Monserrat	Yes ^a	Yes ^a	Yes ^a	Yes ^a	Yes ^a	No ^a	No ^a
Puerto Rico							
Saba							
Saint Kitts and Nevis	Yes	No	Yes		Yes	No ^a	Yes ^a
Saint Lucia	Yes	Yes	Yes	Yes	Yes ^a	No	Yes
Saint Vincent and the Grenadines	Yes	Yes	Yes ^a	Yes ^a	Yes ^a	No ^a	Yes ^a
Sint Eustatius		No				No ^a	No ^a
Sint Maarten							
Suriname	Yesa	Yes ^a	Yes ^a	No ^a	Yes ^a	Noa	Yes ^a
Trinidad and Tobago	Yesa	Yes ^a	Yes ^a		Yes ^a	Noa	Yes ^a
Turks and Caicos Islands	Yes ^a	Yes ^a	Yes ^a	Yes ^a	Yes ^a	Yes ^a	Yes ^a
Virgin Islands (UK)	Yes ^a	Yes ^a	Yes ^a	Yes ^a	Yes ^a	Yes ^a	Yes ^a
Virgin Islands (US)							

Source: UNAIDS/WHO Country Global AIDS response Progress Reports (2015).

a Direct communication to PAHO.

Table 8. Percentage of pregnant women who attended at least one prenatal care visit and percentages who attended four or more visits, 2008-2014

Country		Proportion of pregnant women Proportion of pregnant women												
	attend	ling at	least or	ne pren	atal cai	re	attending four or more prenatal care visits by trained personnel (%)							
	visit b	y train	ed pers	onnel	(%)									
	2008	2009	2010	2011	2012	2013	2014	2008	2009	2010	2011	2012	2013	2014
North America														
Canada														
Mexico		91	93	94	98	98			84	86	87	94	91	
United States of America	98	99	99	99	99			96	97	97	97	97		
Central America														
Costa Rica		82	94	98 ^a						87	90			
El Salvador		83		91	85	77	84				75	70	80	75
Guatemala	93			93	93									
Honduras					97							89		
Nicaragua			92		96	100	95	61		80	70	71	75	71
Panama	82	96 b		94		93				94	94		88	
Andean Region	02	30		71		, ,,				J.	J .		00	
Bolivia (Plurinational State of)	90 c			83	83	84	86	72 ^d			59	56	59	62
Colombia			96					84		89		85		
Ecuador				73	95							80		
Peru	95	94	98			96 ^e		92 f	93	92		94	87	87
				47			0.7				4.7			
Venezuela (Bolivarian Republic of)				47			97				47	61		87
Southern Cone and Brazil				200							a a h		1	
Argentina				98 ^g							90 h			
Brazil	96	97	97	97	96	96			90	99	90	89	89	
Chile	96													
Paraguay	87		94		93	95			68	70	73	71	77	
Uruguay		97	97	95	96	96	99			92	91	92	95	96
Caribbean														
Anguilla	100	100	100		100		100			100		100		
Antigua and Barbuda	100	100	100	100	100	100	100			100	100	100	100	100
Aruba		100			100							100		
Bahamas	98	94	95	95		95			86	86	86		85	
Barbados	100			90	99	99					89	81	98	
Belize	100	95	92	99	97	95	93				83 ⁱ			
Bermuda			100	100	100	99	99			99	99	99	98	98
Bonaire							100							100
Cayman Islands	100	99	98	99	99	99	99		95	97	93	99	98	99
Cuba	100	100	100	100	100	100	98		99	100	100	100	100	98
Curação														
Dominica	100	100	100	100	100	100	100							
Dominican Republic		96				99	100							95
French Guiana		98	98						55	86				
Grenada	100	100	100	100	100	99	99							
Guadeloupe				100										
•		92 ^j											 0.E	
Guyana						98							95	
Haiti					90						0.0	67		
Jamaica	98			99 k	99			87			861			
Martinique	97	99		95							91			
Monserrat	100	100		100	100	100	100				100	100	100	100
Puerto Rico	100	100	100		100	100		99	98	99		98	99	
Saba							100							100
Saint Kitts and Nevis														

continues...

Table 8. (Continuation)

Country	Propo	rtion of	f pregn	ant wo	men	portion of pregnant women										
	attending at least one prenatal care								attending four or more prenatal care							
	visit b	y train	ed pers	onnel (%)		visits by trained personnel (%)									
	2008	2008 2009 2010 2011 2012 2013 2014							2009	2010	2011	2012	2013	2014		
Saint Lucia	99	99			97 ^m				99			90 ⁿ				
Saint Vincent and the Grenadines	100			99	100	99	100									
Sint Eustatius							100							100		
Sint Maarten						95							90			
Suriname	90	90	95							67						
Trinidad and Tobago					100	100	100					100	100	100		
Turks and Caicos Islands	96	97		100	100	99	90				92	98	91	90		
Virgin Islands (UK)	98	99	98	99				92	95	91	93			100		
Virgin Islands (US)	99	99	100	100	100	100	100					100	100			
Region of the Americas	95	94	95	94	94	94	97		89	88	88	90	90	91		
Latin America and the Caribbean	93	93	94	92	93	93	96		85	84	84	87	87	88		

Note: Subregional calculations were done using imputed data from previous years.

Sources: РАНО, Health Information and Analysis Unit. Regional Core Health Data and Country Profiles Initiative., (2015); additional sources for country data are noted below.

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- c Bolivia, 2008: Ministerio de Salud y Deportes [Ministry of Health and Sports]/MEASURE DHS, Macro International. Encuesta Nacional de Demografía y Salud [National Demographic and Health Survey]. ENDSA 2008: http://dhsprogram.com/pubs/pdf/FR228/FR228[08Feb2010].pdf.
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- 1 Belize, 2011: Statistical Institute of Belize/ United Nations Children's Fund. Belize Multiple indicator cluster survey 2011 Final report: http://www.childinfo.org/files/MICS4_Belize_ FinalReport 2011 Eng.pdf.
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- | Jamaica, 2011: Statistical Institute of Jamaica (sтатіn) and United Nations Children's Fund (UNICEF). Jamaica Multiple Indicator Cluster Survey 2011: Final Report: http://www.childinfo.org/ files/MICS4 Jamaica FinalReport 2011.pdf.
- m Santa Lucia, 2012: Ministry of Social Transformation, Local Government and Community Empowerment and Central Statistics Office, Saint Lucia Multiple Indicator Cluster Survey 2012: Final Report: http://www.childinfo.org/files/mics4_St._Lucia_FinalReport_2012.pdf.
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Table 9. Percentage of pregnant women attended by trained staff during delivery and women giving birth in a hospital, 2008-2014

Country			f births		led		Percentage of births in hospitals (%)							
	2008	2009	ersonne 2010	rsonnel (%)		2013	2014	2008	2009	2010	2011	2012	2013	2014
North America	2008	2009	2010	2011	2012	2013	2014	2008	2009	2010	2011	2012	2013	2014
Canada	100		100	100				99		99	99		97	
Mexico	94	97	97	98	96	96				98	98	98	96	
United States of America	99	99	99		99				99	99		99		
Central America	33	33	33		23				99	33		22		
Costa Rica		99	100	100	99	100	98				100	99	98	0.4
El Salvador								85			100			94
											4.2			
Guatemala	51	49	52		59	63		42 ^a			43	59	63	
Honduras					83						64	60	67	66
Nicaragua	86		74		89 b	94	95				74	85	87	72
Panama	92	89	93	94	94	93					91	97	93	
Andean Region		1		1	1		1			1	1	1	1	
Bolivia (Plurinational State of)	71 ^c			72	75	74					70	73	72	71
Colombia	98	98	99	99	99				98	99	99	99		
Ecuador	71		70	91	93	95				63		61	77	
Peru	79	83	95		87	90	91					87	88	90
Venezuela (Bolivarian Republic of)				98	96		100				98	96	97	98
Southern Cone and Brazil														
Argentina	100	98	99	99	100	100				99	100	100	100	
Brazil		99	99	99	99	99				98	98	98	98	
Chile	100	100	100	100	100	100				100	100	100	100	
Paraguay	93	94	95	96	96	97				94	95	96	96	
Uruguay		100	100	99	100	100	100				99	100	100	100
Caribbean					,		,						,	
Anguilla	100	100	100		100	100	100					100	98	100
Antigua and Barbuda	100	100	100		100	100	100				100	100	99	100
Aruba		100			100									
Bahamas	99	99	99	99		98				99	98		98	
Barbados	100	100		100	100	99					100	100	100	
Belize	95	94	94	95	89	94	93				92	89	90	91
Bermuda			99	99	100	99	99				99	99	98	98
Bonaire							100							100
Cayman Islands	100	100	100	100	100	100	100				100	100	100	100
Cuba	100	100	100	100	100	100	100				100	100	100	100
Curação										•••				
	100	100	100	100	100	100	100					0.7		
Dominica Dominican Benublic	100	100	100	100	100	100	100				97	97	97	95
Dominican Republic		97				99	99		96				99	78
French Guiana		99	99							99				
Grenada		100	100	100	99	99	99					98	99	99
Guadeloupe		99		100									100	
Guyana		92				98							100	
Haiti					38	50						36	50	
Jamaica		96	90 ^d	99	99	100				99		100	99	
Martinique	100	100		100							100			
Monserrat	100	100	100	100	100	98	98				100		100	98
Puerto Rico	100	100	100		100	99			99	100		99	99	
Saba							100							
Saint Kitts and Nevis	100	100	100	100	100	100	100				100	100	100	100

continues...

Table 9. (Continuation)

Country		U	f births ersonne		.ed			Percer	ntage o	f births	in hos	pitals ('	%)	
	2008	2009	2010	2011	2012	2013	2014	2008	2009	2010	2011	2012	2013	2014
Saint Lucia	100		99		99 ^e					99			99	
Saint Vincent and the Grenadines	99	99	98	99	99	99	100				99	99	99	100
Sint Eustatius							100							
Sint Maarten						100							97	
Suriname														
Trinidad and Tobago	100	100	100	92	100	100	100				100	100	99	99
Turks and Caicos Islands				92	100	98	100				100	100	98	100
Virgin Islands (UK)	99								99	99				
Virgin Islands (US)	100	100	100	100	100	100	100				100	100	100	100
Region of the Americas	93	94	94	95	95	95	96				94	94	94	94
Latin America and the Caribbean	89	89	90	91	92	94	94				92	92	92	92

Note: Subregional calculations were done using imputed data from previous years.

Sources: PAHO, Health Information and Analysis Unit. Regional Core Health Data and Country Profiles Initiative., 2015); additional sources for country data are noted below.

- a Guatemala, 2008: Ministerio de Salud Pública y Asistencia Social (Mspas) [Ministry of Public Health and Social Assistance]/Instituto Nacional de Estadística (INE) [National Institute of Statistics]/Centros de Control y Prevención de Enfermedades (cpc) [Guatemala Centers for Disease Control and Prevention], 2010: http://www.ine.gob.gt/sistema/uploads/2014/01/22/ LYk4A1kGJAO7lvfS0Aq6tezcUa9tQh35.pdf.
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- d Jamaica, 2011: Statistical Institute of Jamaica (STATIN) and United Nations Children's Fund (UNICEF). Jamaica Multiple Indicator Cluster Survey 2011: Final Report [Internet]. Kingston, Jamaica, 2013: http://www.childinfo.org/files/mics4_Jamaica_FinalReport_2011.pdf.
- e Santa Lucia, 2012: Ministry of Social Transformation, Local Government and Community Empowerment and Central Statistics Office, Saint Lucia Multiple Indicator Cluster Survey 2012: Final Report: http://www.childinfo.org/files/mics4_St._Lucia_FinalReport_2012.pdf.

Table 10. Percentage of pregnant women tested and counselled for HIV in the Region of the Americas, 2010-2014

Countries	2010	2011	2013	2014	Percentage reported by country 2014
North America					, ,
 Canada	>95ª				
Mexico		37	69	57	56
United States of America	>95 (2008)		>95 ^b		
Central America					
Costa Rica	78	84	84	>95	91
El Salvador	56	67	>95	>95	
Guatemala	21	30	35	44	55
Honduras	62		63	71	86
Nicaragua	65°	>95	>95	>95	>95
Panama	85	>95	92	>95	84
Andean Region			72		
Bolivia (Plurinational State of)	50	61	82	85	
Colombia	49	61	63		
Ecuador	92	94	87 (2012)		
Peru	78	78	61	74	61
Venezuela (Bolivarian Republic of)			60		
Southern Cone and Brazil			00		
Argentina	>95	>95	>95	>95	>95
Brazil	79		80	85	
Chile	46	 01	68d		>95
		82		81	595
Paraguay	46	48	61	65	
Uruguay	72		93	89	94
Caribbean	. 0.5		7.5		.05(2012)
Anguilla	>95		75		>95 (2013)
Antigua and Barbuda	71	55	59	68	>95
Aruba Balanna			72		
Bahamas		73	72	75	>95
Barbados	61	63	47d	46	>95
Belize	81	87	81		91 (2013)
Bermuda					
Bonaire					>95
Cayman Islands			>95		95 (2013)
Cuba	>95	>95	>95		>95 (2013)
Curaçao					
Dominica	72	64	70	61	92
Dominican Republic	41	46	77	81	
French Guiana					
Grenada	>95 ^f	>95 ^f	87		88 (2013)
Guadeloupe					
Guyana	>95	>95	90	93	83
Haiti	51	9	93		
lamaica	50 ^d	55 ^d	67 ^d	80	
Martinique					
Monserrat	68 ^e	68 ^e	>95 ^e		>95
Puerto Rico			85 ^d		
Saba				95	>95
Saint Kitts and Nevis		56	75	69	76
Saint Lucia	62 ^h	65 ^h	72	76	>95

Continues...

Table 10. (Continuation)

Countries	2010	2011	2013	2014	Percentage reported by country 2014
Saint Vincent and the Grenadines	>95	>95	>95	>95	>95
Sint Eustatius			>95		>95
Sint Maarten					
Suriname	88	85	85		
Trinidad and Tobago	76 ^d	70 ^d	69 ^d	>95 ^d	95 ^d
Turks and Caicos Islands		60		60	>95
Virgin Islands (UK)	75	84		81	94
Virgin Islands (US)					

Sources: numerator: UNAIDS/WHO, Country Global AIDS response Progress Reporting, (2011-2015); United Nations Department of Economic and Social Affairs- Population Division- 2012 review, and us Bureau of the Census.

Notes: The year is the year for the column unless otherwise indicated.

- ^a Country-reported value
- ^b Data from Centers for Disease Control and Prevention. Enhanced perinatal surveillance—15 areas, 2005–2008. HIV Surveillance Supplemental Report 2011;16(No. 2).
- c Nicaragua for 2011 considered that 142,087 pregnant women were tested out of 163,376 estimated pregnant women, which would indicate 87% HIV testing coverage. In 2010, the country reported that 56% of pregnant women were tested for HIV. Nicaragua conducted a study in 2011 that revealed that 88% of pregnant women who were tested received their results.
- d Numerator comes from public sector only. Barbados, Chile, Jamaica, Puerto Rico and Trinidad and Tobago report >95% ніv testing coverage among pregnant women in the public sector.
- ^e Figure reflects number of tests rather than number of pregnant women tested.
- f Data reported directly to PAHO.
- ⁹ Haiti reported HIV testing coverage of 43% among pregnant women in 2010 and 78% in 2011.
- h Saint Lucia reported HIV testing coverage of 99% among pregnant women in 2010 and 96% in 2011.

Table 11. Percentage of pregnant women in prenatal care and tested for syphilis, and percentage of seropositives, 2011-2014

Countries	Pregnant	women tes	ted for sypl	nilis (%)	_	women tes or syphilis (
	2011	2012	2013	2014	2011	2012	2013	2014
North America								
Canada								
Mexico	82		63	61	0,11	0,20	0,22	0,40
United States of America	83 ^a			85				
Central America								
Costa Rica	88				0,30			
El Salvador	76	90	91	>95	0,24	0,25	0,20	0,08
Guatemala	14 ^b	51	47	81	0,25	0,41	0,10	0,10
Honduras	62 ^c	41	63	57	0,66 ^d	0,12	0,15	0,11
Nicaragua	35		>95	88	0,23	0,23	0,12	0,12
Panama	36 ^a	45	47	33			1,18	1,16
Andean Region	30	7.7	17	33			1,10	1,10
Bolivia (Plurinational State of)		58	60	69	1,60	1,28	1,16	1,40
Colombia	7/1	83			1,00	0,60		
Colombia Ecuador	74				-		0,58	
	72	70		70	0,09	0,25	0.56	0.57
Peru	73	79		79	0,33	0,47	0,56	0,57
Venezuela (Bolivarian Republic of) Southern Cone and Brazil								
Argentina	91	91	>95	87	1,09	1,09	1,11	1,19
Brazil	86	88	90		1,10 ^e	0,85	0,70	
Chile	>95	>95	86	95	0,16	0,13	0,08	0,23
Paraguay	75	61	59	66	3,37	2,11	2,84	1,14
Uruquay	>95		>95	>95	1,80 ^f	1,51	1,51	0,62
Caribbean			1	I				
Anguilla	>95		>95	>95	0,00		0,00	0,00
Antigua and Barbuda	>95	72	>95	>95	0,00	0,21	0,23	0,30
Aruba								
Bahamas	>95	92	87	87	1,17	0,63	1,60	1,60
Barbados	83	>95	83	88	0,45	0,67	0,06	0,30
Belize	92	93	93		0,82	0,51	0,32	
Bermuda								
Bonaire				>95			1,74	
Cayman Islands		96	87					
Cuba	>95	>95	>95	>95	0,08	0,10	0,09	0,20
Curação					2 22		1.01	1 20
Dominica Popublic	>95	1.4	>95	>95	2,33	2.26	1,91	1,20
Dominican Republic		14			0,00	3,36	0,55	1,90
French Guiana								
Grenada	>95		>95		0,02		1,34	
Guadeloupe								
Guyana	88	85	83	87	0,01	0,30	0,10	0,09
Haiti			62			3,90	3,50	3,10
Jamaica		86	87	89	1,25		2,10	1,70
Martinique								
Monserrat			>95	>95	0,00		0,00	
Puerto Rico		11						
Saba				>95				
Saint Kitts and Nevis	78	>95	>95	>95			0,00	0,00

Continues...

Table 11. (Continuation)

Countries	Pregnant	women tes	ted for sypl	nilis (%)		women tes er syphilis (U	
	2011	2012	2013	2014	2011	2012	2013	2014
Saint Lucia	75	45	67		0,72	2,28	1,87	
Saint Vincent and the Grenadines			90		0,65		1,70	1,30
Sint Eustatius			>95				0,00	
Sint Maarten								
Suriname							0,04	
Trinidad and Tobago								0,30
Turks and Caicos Islands				>95				1,47
Virgin Islands (υκ)				>95	0,00	0,00	0,00	0,00
Virgin Islands (us)								

Source: UNAIDS/WHO, Country Global AIDS response Progress Reporting, (2011-2014).

a Data from SIP database [Perinatal Information System].

b Government Performance and Results Act (GPRA) Sexually Transmitted Diseases Goals, Measures, and Target, http://www.cdc.gov/std/stats12/tables/a4,html.

c The denominator of pregnant women attending Anc used to calculate prevalence in 2012 and 2013 is the same as for 2011; the numerators for each year were 43,616 (2011),

d 2008 data.

e 2004 data.

f SIP 2012 report.

Table 12. Percentage of pregnant women testing positive for syphilis and receiving appropriate documented treatment in the Region of the Americas, 2010-2014

Countries	2011	2012	2013	2014
North America				
Canada				>95
Mexico				
United States of America				
Central America				
Costa Rica	73			
El Salvador	24	12	30	
Guatemala	>95		71	>95
Honduras		>95	>95	>95
Nicaragua	>95	>95	>95	>95
Panama		11	14	
Andean Region				
Bolivia (Plurinational State of)		> 95	79	0.2
				93
Colombia	89	92		94
Ecuador				
Peru	91	73	72	60
Venezuela (Bolivarian Republic of)				
Southern Cone and Brazil				
Argentina	74	74	83	85
Brazil	81	83	83	86
Chile	>95			94
Paraguay	60	64	61	83
Uruguay		81	71	>95
Caribbean				
Anguilla	a		a	a
Antigua and Barbuda	>95	>95	>95	>95
Aruba				
Bahamas	>95	>95	>95	
Barbados	>95	>95	>95	>95
Belize	67	79	91	- 75
Bermuda				
Bonaire				>95
Cayman Islands				793
Cuba		>95	>95	>95
Curação				
Dominica Dominica			>95	>95
Dominican Republic				83
French Guiana				
Grenada	>95		>95	
Guadeloupe			71	>95
Guyana				
Haiti		85	85	87
Jamaica		66	65	65
Martinique				
Monserrat				a
Puerto Rico				
Saba				
Saint Kitts and Nevis			a	a
Saint Lucia		33	82	50
Saint Vincent and the Grenadines			53	52
Sint Eustatius			a	a
Sint Maarten				
Suriname			 a	
Trinidad and Tobago			13	64
Turks and Caicos Islands Virgin Islands (ик)			 a	100 a

Source: UNAIDS/WHO, Country Global AIDS response Progress Reporting, (2015).

^a No positive cases to be treated.

Table 13. Infants of HIV-positive women in the Region of the Americas reported as having received an early diagnosis within 2 months of birth, 2011-2014

nosis within 2 months of birth, 2011-2014				
Countries	2010	2011	2013	2014
North America				
Canada				
Mexico				
United States of America				
Central America				
Costa Rica	35 (17-34)	35 (18-30)	38 (70->95)	47 (57-82)
El Salvador	108 (8-53)		125 (13-55)	162 (48->95)
Guatemala		228 (3-81)	140 (1-52)	189 (11-15)
Honduras	328 (56->95)	390 (49->95)	186 (31-51)	185 (38-44)
Nicaragua	58 (18->95)	68 (5-37)	79 (44->95)	69 (51-68)
Panama	93 (16-63)	123 (35->95)	121 (46-80)	150 (93->95)
Andean Region				
Bolivia (Plurinational State of)	151 (79->95)			
Colombia	168 (9-22)	287 (12-42)	454 (21-38)	
Ecuador	5 (1-6)	621 (33->95)	134 (13-39)	559 ()
Peru	521 ()	715 ()	353 (21-52)	280 (27-33)
Venezuela (Bolivarian Republic of)	(/	186 (7-43)	125 (5-16)	
Southern Cone and Brazil		200 (7 10)	125 (3 10)	
Argentina Argentina		190 (10-20)	190 (12-22)	857 ()
Brazil	2,306 (28-53)	4,163 (40-75)	4,095 (62-84)	
Chile	2,500 (20 55)	183 (>95)	155 (65->95)	186 ()
Paraguay	82 (14-67)	107 (12-76)	127 (18-69)	126 (33-47)
Uruguay	72(23->95)	76 (21->95)	135 (72->95)	124 ()
Caribbean	12(23 > 33)	70 (21 >33)	133 (12 >33)	12+()
Anguilla				
Antigua and Barbuda	8 ()	5 ()	4 ()	7 ()
Aruba	0 ()		1 (/	
Bahamas		77 ()	65 ()	64 ()
Barbados		17 ()	16 ()	24 ()
Belize	54 (36-64)	61 (43-78)		45 (67-78)
Bermuda				
Bonaire				
Cayman Islands				
Cuba	66 (93->95)	93 (>95)	111 (>95)	98 ()
Curação	00 (93 293)			
Dominica	1 ()	3 ()	2 ()	
Dominican Republic	132 (7-15)	522 (30-62)	671 (56->95)	1,245 (87->95)
French Guiana	132 (7-13)	322 (30-02)	0/1(30->93)	
Grenada	2 ()	1 ()	2 ()	
Guadeloupe				
·	52 (31->95)	90 (56->95)	62 (17-75)	115 (38-54)
Guyana Haiti	1,103 (18-26)	3,149 (56-85)	2,088 (33-43)	2,218 (47-50)
Jamaica	1,103 (10-20)		2,000 (33-43)	
,		283 (42-91)		247 (55-67)
Martinique Monsorrat				
Monserrat Puerto Rico				
Saba Saint Kitte and Nevice				0()
Saint Kitts and Nevis			0 ()	0 ()
Saint Lucia Saint Vincent and the Grenadines	4 ()	3 ()	5 ()	8 ()
Sami vincent and the Genadines	13()	15 ()	13 ()	11 ()
	13 ()			
Sint Eustatius				
Sint Eustatius Sint Maarten				
Sint Eustatius Sint Maarten Suriname	 9 (2-15)			
Sint Eustatius Sint Maarten Suriname Trinidad and Tobago				
Sint Eustatius Sint Maarten Suriname Trinidad and Tobago Turks and Caicos Islands	 9 (2-15)			
Sint Eustatius Sint Maarten Suriname Trinidad and Tobago	 9 (2-15) 95 ()		 90 ()	176 ()

Source: UNAIDS/WHO, Country Global AIDS response Progress Reporting, (2011-2015).

Table 14. Infants exposed to HIV, infants diagnosed with HIV infection, and estimated rates of MTCT of HIV, 2010-2014

	6	0							-				
Countries	Total infants		HIV+	HIV MTCT	Total infants	Infants with	HIV+	HIV MTCT	Total infants	Infants with	HIV+	HIV MTCT	Pediatric rate
	exposed	no definitive	infants	rate,	exposed	no definitive	infants	rate,	exposed	no definitive	infants	rate,	HIV per 1,000
	to HIV	HIV diagnosis		uncorrected	to HIV	HIV diagnosis		uncorrected	to HIV	HIV diagnosis		uncorrected	live births
	perinatally			figure (%)	perinatally			figure (%)	perinatally			figure (%)	
		2010				2011/2012	12				2013/2014	4	
North America													
Canada	:	:	:	1.7	225	34	0	0.0 (2012)	201	22	2	1.1 (2013)	0.00 (2013)
Mexico	i	:	78	:	:	:	;	ï	:	ï	:	ï	i
United States of America	ŧ	I	118ª	:		ı	102 ^a (2011)	0.02 (2011)	1	:	i	ŧ	ŧ
							123 ^a (2012)	0.03 (2012)					
Central America													
Costa Rica	35	:	-	2.9	35	0	-	2.9 (2012)	47	0	3	6.4 (2014)	0.04 (2014)
El Salvador	113	:	3	2.7	129	26	8	7.8 (2012)	121	20	4	4.0 (2014)	0.03 (2014)
Guatemala	:	:	:		:	:	:		:	:	:	:	:
Honduras	i	ı	:	i	÷	i	ı	ı	195	0	10	5.1 (2013)	0.02 (2014)
									185	30	4	2.6 (2014)	
Nicaragua	90	:	4	4.4	120	31	4	4.5 (2012)	111	0	4	3.6 (2013)	0.03 (2013)
Panama	123	25	П	1.0	173	13	8	5.0 (2012)	194	0	∞	4.1 (2013)	0.11 (2013)
Andean Region													
Bolivia (Plurinational State of)	:	:	:	:	:	:	:	:	145	0	7	4.8 (2013)	0.10 (2014)
									145	0	28	19.3 (2014)	
Colombia	266	146	28	6.7	808	:	39	4.8 (2011)	i	ı	:	:	ï
Ecuador	403	:	:	:	:	:	:	:	:	:	:	:	:
Peru		:	:	:	614	:	27	4.4 (2011)	522	:	39	7.5 (2013)	0.07 (2013)
Venezuela (Bolivarian Republic of)	:	:	:	:	:	:	:	:	:	:	:	:	:
Southern Cone and Brazil													
Argentina	2,761	828	97	5.0	1,376	413	50	5.2 (2011)	1,291	499	50	6.3 (2013)	0.07 (2013)
Brazil	:	:	:	:	6,876	102	307	4.5 (2012)	5,976	33	263	4.4 (2014)	0.09 (2014)
Chile	196	13	5	2.7	160	3	7	4.5 (2012)	188	5	2	1.1 (2013)	0.01 (2013)
	:	:	:	:	:	ŧ	:	÷	225	89	4	2.5 ^b (2014)	
Paraguay	165	46	2	4.2	160	33	7	5.5 (2012)	200	22	12	6.2 (2013)	0.04 (2014)
									184	10	7	4.0 (2014)	
Uruguay	77	7	9	9.6	135	:	7	5.2 (2012)	124	0	2	1.6 (2013)	0.04 (2013)
Caribbean													
Anguilla	7	0	0	0.0	0	0	0	0.0 ^c (2012)	0	0 0	0 0	0.0° (2013)	0.00 (2014)
Anticia pad Barbida	L.	c	c	0.0					> <	o c	0 0	0.0 (2013)	(2,100,000,0
Ariba	ר	Þ	0 0	9	:	:	:	:	F	>	>	0.0 (2013)	0.00 (2013)
Bahamas	77			0.0	7.7	12	2	3 3 (2012)	64	: 1	,	3 4 (2013)	0.34(2013)
Barhados	20	: C	0	0.0	77	0	7 O	0.0 (2012)	75	n C	7	8.0(2013)	0.00 (2013)
	2	•)	3	1	•	>	(1101) 0:0	24	0	0	0.0 (2014)	
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Table 14. (Continuation)													
Countries	Total infants	Infants with	HIV+	HIV MTCT	Total infants	Infants with	HIV+	HIV MTCT	Total infants	Infants with	HIV+	HIV MTCT	Pediatric rate
	exposed	no definitive	infants	rate,	exposed	no definitive	infants	rate,	exposed	no definitive	infants	rate,	HIV per 1,000
	to HIV	HIV diagnosis		uncorrected	to HIV	HIV diagnosis		uncorrected	to HIV	HIV diagnosis		uncorrected	live births
	perinatally			figure (%)	perinatally			figure (%)	perinatally			figure (%)	
		2010				2011/2012	12				2013/2014	4	
Belize	61	0	4	9.9	:	ŧ	ŧ	:	47	0	2	4.2 (2013)	0.00 (2014)
									46	0	0	0.0 (2014)	
Bermuda		:	:	:	÷	:	:	;	:	:	0	0.0 (2014)	0.00 (2014)
Bonaire		:	:	:	:	:	:	:	0	0	0	0.0° (2014)	0.00 (2014)
Cayman Islands	:	:	0	i	:	:	:	÷	0	0	0	0.0 (2013)	0.00 (2014)
Cuba	58	0	1	1.7	109	0	2	1.8 (2012)	114	:	2	1.8 (2013)	0.02(2013)
Curação	:	:	:	:	:	:	:		:	:	:	:	:
Dominica	3	0	0	0.0	:	:	:	:	3	1	0	0.0 (2013)	0.00 (2014)
									0	0	0	0.0 ^c (2014)	
Dominican Republic	522	367	30	19.4	:	:	:	:	1205d	:	65	5.4 (2014)	0.30 (2014)
French Guiana	:	:	:	:	:	:	:	:	:	:	:	:	:
Granada	2	0	0	0	:	:	:	:	:	:	:	:	:
Guadeloupe		:	:	i	i	i	:	ŧ	:	:	:	i	:
Guyana	201	0	5	2.5	ŧ	:	:	ï	192	0	4	2.1 (2013)	0.25 (2013)
Haiti	419	:	20	4.8	2944	:	2255	:	:	:	:	:	:
Jamaica	:	:	:	:	:	:	:	:	441	83	12	3.4 (2013)	0.12 (2014)
									424	81	9	1.7 (2014)	
Martinique	:	:	:	:	:	:	:	:	:	:	:	ŧ	:
Montserrat	:	:	0	ı	0	0	0	0.0 (2012)	0	0	0	0.0° (2013)	0.00 (2013)
Puerto Rico	:	:	:	:	24	6	0	0.0 (2012)	30	1	0	0.0 (2013)	0.00 (2013)
Saba	:	:	:	:	:	:	:		0	0	0	0.0° (2014)	0.00 (2014)
Saint Kitts and Nevis	0	0	0	0.0	0	0	0	0.0 (2012)	1	0	0	0.0 (2014)	0.00 (2014)
Saint Lucia	6	3	0	0.0	:	:	:		8	3	0	0.0 (2014)	0.00 (2014)
Saint Vincent and the Grenadines	15	2	1	7.7	:	:	:	:	15	1	1	7.1 (2013)	0.00 (2014)
									13	0	0	0.0 (2014)	
Sint Eustatius	ï	:	:	ŧ	:	ï	:	ï	0	0	0	0.0° (2014)	0.00 (2014)
Sint Maarten	:	:	0	:	:	:	:	:	:	:	:	:	:
Suriname	79	25	4	7.4	108	-1	2	4.7 (2012)	108	1	0	0.0 (2013)	0.21 (2014)
									119	7	2	1.8 (2014)	
Trinidad and Tobago	181	3	0	0.0	190	81	0	0.0 (2012)	223	09	~	1.8 (2013)	0.16 (2013)
Turks and Caicos Islands	ï	i	0	ï	÷	:	ŧ	ı	4	0	0	0.0 (2013)	0.00 (2014)
									9	1	0	0.0 (2014)	
Virgin Islands (UK)	:	:	0	:	:	:	:	:	0	0	0	0.0 ^c (2013)	0.00 (2013)
Virgin Islands (US)	:	:	:	:	:	:	:	ī	ŧ	:	0	0.0 (2013)	0.00 (2013)
Source: Parto, country reports, (2015) and unvalos/who, Country Global Aros response Progress Reporting, (2015). Notes: The uncorrected rate of Hrv Arrcr was calculated as 100 ° (children perinatally exposed to HIV with positive diagnosis) / (sum of the perinatally exposed HIV+ and HIV-).	имырs/wно, Count as calculated as 100	ry Global Ai Ds response * (children perinatally	Progress R exposed to	eporting, (2015). HIV with positive d	liagnosis) / (sum of t	he perinatally exposec	HIV+ and HIV	(-					
a Data from the report: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using ни surveillance data—United States and 6 dependent areas—2013. ни Surveillance Supplemental Report 2015;20 (No. 2)	Control and Preven	ion. Monitoring select	ed national	HIV prevention and	l care objectives by u	ısing нıv surveillance d	ata—United	states and 6 depende	nt areas—2013. ніv S	Surveillance Suppleme	ntal Report	2015;20 (No. 2).	
b Preliminary data.													
c no Hiv+ women were pregnant.													

Table 15. Number of reported cases of congenital syphilis and estimated rates of congenital syphilis in the Region of the Americas, 2009-2014

in the Region of th	e Americas,	2009-2014						
Countries	Number of	Congenital	Number of	Congenital	Number of	Congenital	Number of	Congenital
	reported	syphilis	reported	syphilis	reported	syphilis	reported	syphilis
	cases of	rate per	cases of	rate per	cases of	rate per	cases of	rate per
	congenital	1000 live	congenital	1000 live	congenital	1000 live	congenital	1000 live
	syphilis	births	syphilis	births	syphilis	births	syphilis	births
	20	009	20)10	20	13	20)14
North America	T .	T	T	1	T .		T	I
Canada	8	0.02			2	0.01		
Mexico	86	0.04	62	0.03	43	0.02	91	0.04
United States of America ^a	429	0.10	377	0.09	348	0.08	457	0.11
Central America						1		
Costa Rica	72	0.98	69	0.94	83	1.13	96	1.30
El Salvador	21	0.20	12	0.10	47	0.37	2	0.02
Guatemala	59	0.13			12	0.02	1	0.00
Honduras	32	0.20			26	0.12	57	0.27
Nicaragua	10	0.07	5	0.04	1	0.01	5	0.04
Panama	32 (2008)	0.46			113	1.50	104	1.38
Andean Region								
Bolivia (Plurinational State of)								
Colombia	2,008	2.20	2,111	2.30	1912	2.11	1120	1.24
Ecuador	111	0.37	115	0.36				
Peru	376	0.63	287	0.48		0.57 (2012)	244	0.41
Venezuela (Bolivarian	170	0.28			28	0.05		
Republic of)	170	0.20			20	0.03		
Southern Cone and	Brazil	1		-			l	
Argentina	644	0.93	656	0.95	731	1.05	918	1.32
Brazil	6,032	1.96	6,916	2.27	1,3705	4.70		1.02
Chile	64	0.26	62	0.25	55	0.22	41	0.17
Paraguay	390	2.50				2.30 (2011)	436	2.68
Uruguay	261	5.20	105	2.10	76	1.54	97	1.97
Caribbean	201	3.20	103	2.10	, , ,	1.51	3,	1.57
Anguilla	0	0.00	0	0.00	0	0.00	0	0.00
Antiqua and Barbuda	0	0.00	0	0.00	0	0.00	0	0.00
Aruba	0	0.00	0	0.00	0	0.00		0.00
Bahamas					0	0.00	0	0.00
Barbados	1	0.25		0.00				
Belize	0	0.25	6	0.00	0	0.00	1	0.29
	0		0		0			0.00
Bermuda		0.00		0.00		0.00	0	0.00
Bonaire Cayman Islands		0.00		0.00				
Cayman Islands	0	0.00	0	0.00			0	0
Cuba	0	0.00	3	0.03	3	0.03	6	0.06
Curação		1.00		2.70				
Dominica	2	1.80	3	2.70	0	0.00		
Dominican Republic					16	0.07		
French Guiana								
Grenada	0	0.00	3	1.50	9	4.95	9	5.00
Guadeloupe	0	0.00						
Guyana	0	0.00	0	0.00	0	0.00	0	0.00
Haiti								
Jamaica	4	0.08	6	0.12	8	0.16	3	0.06
Martinique								
Monserrat	0	0.00	0	0.00	0	0.00	0	0.00

Continues...

Table 15. (Continuation)

Table 15. (Continu								
Countries	Number of	Congenital	Number of	Congenital	Number of	Congenital	Number of	Congenital
	reported	syphilis	reported	syphilis	reported	syphilis	reported	syphilis
	cases of	rate per	cases of	rate per	cases of	rate per	cases of	rate per
	congenital	1000 live	congenital	1000 live	congenital	1000 live	congenital	1000 live
	syphilis	births	syphilis	births	syphilis	births	syphilis	births
	20	09	20	10	20	13	20	14
Puerto Rico ^a	5	0.10	2	0.04	1 ^a	0.02	0	0.00
Saba							0	0.00
Saint Kitts and Nevis	0	0.00	0	0.00			0	0.00
Saint Lucia					1	0.43	4	1.75
Saint Vincent and	0	0.00	0	0.00			0	0.00
the Grenadines								
Sint Eustatius					0	0.00		
Sint Maarten								
Suriname			0	0.00				
Trinidad and Tobago	45	2.30						
Turks and Caicos Islands	0	0.00	0	0.00			0	0.00
Virgin Islands (ик)	0	0.00	0	0.00			0	0,00
Virgin Islands (us)	0	0.00	0	0.00	0	0.00	0	0.00

Source: UNAIDS/WHO, Country Global AIDS response Progress Reporting, (2011-2015).

Note: Year corresponds to column year unless otherwise indicated. Argentina, Chile, Costa Rica, El Salvador, Honduras, Nicaragua, and St. Lucia indicated that the reported cases of congenital syphilis do not include stillbirths.

a The source for the US and Puerto Rico is Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2014. Atlanta: us Department of Health and Human Services; 2014. http://www.cdc.gov/std/stats13/tables/42.htm.

Table 16. Indicators for the elimination of MTCT of HIV and syphilis at a glance, 2014

			1						
Countries	Pregnant women that attended at least one prenatal care visit by skilled personell, % (year of data)	Pregnant women tested for HIV, %	Pregnant women tested for syphilis, %	Coverage of ARV treatment to prevent the MTCT of HIV (reported), %	Coverage of ARV treatment to prevent the MTCT of HIV (UNAIDS estimate) %	Pregnant women adequately treated for syphilis %	HIV MTCT rate %, 2013/2014	Pediatric HIV rate per 1,000 live births	Congenital syphilis rate per 1,000 live births
North America									
Canada	100 (2002)	>95(2010)	:	>95	95	>95	1.1	00:00	ı
Mexico	98 (2013)	57	61	81	82	:	:	i	0.04
United States of America	99 (2012)	>95 (2013)	85	ı		1	:	0.03(2012)	0.11
Central America									
Costa Rica	98 (2011)	>95	88 (2011)	57	57	73 (2011)	6.4	0.04	1.30
El Salvador	84	>95	>95	i	50	30 (2013)	4.0	0.03	0.02
Guatemala	93 (2012)	44	81	21	23	>95	:	:	0.00
Honduras	97 (2012)	71	57	41	41	>95	2.6	0.02	0.27
Nicaragua	95	>95	88	79	79	>95	3.6	0.03	0.04
Panama	93 (2013)	>95	33		89	14 (2013)	4.1	0.11	1.38
Andean Region									
Bolivia (Plurinational State of)	98	85	69	63	56	93	19.3	0.10	ı
Colombia	96 (2010)	63 (2013)	83 (2012)	ı	89	94	:	:	1.24
Ecuador	95 (2012)	87 (2012)	:		>95	::	:	:	0.36(2010)
Peru	96 (2013)	74	79	98	98	09	7.5	0.07	0.41
Venezuela (Bolivarian Republic of)	97	60 (2013)		28 (2013)	31	:	:	:	0.05(2013)
Southern Cone and Brazil									
Argentina	98 (2011)	>95	87	06	06	85	6.3	0.07	1.32
Brazil	96 (2013)	85	90 (2013)	92	>95	98	4.4	0.09	4.70 (2013)
Chile	96 (2008)	81	95	:	>95	94	1.1	0.01	0.17
Paraguay	95 (2013)	65	99	ï	53	83	4.0	0.04	2.68
Uruguay	66	89 ^a	>95	>95	>95	>95	1.6	0.04	1.97
Caribbean									
Anguilla	100	75 (2013) ^a	>95	No	:	р	0.0 ^c	0.00	0.00
Antigua and Barbuda	100	68 ^a	>95	>95	ı	>95	0.0	0.00	0.00
Aruba	100 (2012)	:	:			:	:	:	0.00 (2013)
Bahamas	95 (2013)	75ª	87	>95	70	>95 (2013)	3.4	0.34	0.00
Barbados	99 (2013)	46ª	88	>95	>95	>95	0.0	0.00	0.29
Belize	93	81 (2013)	93 (2013)	ŧ	76	91 (2013)	0.0	0.00	0.00 (2013)
Bermuda	66	:	:	>95	:	:	:	0.00	0.00
Bonaire	100	÷	>95	No	Ē	>95	0.0 ^c	0.00	ï
									Continues

Table 16. (Continuation)

Countries	Pregnant women that attended at least one	Pregnant women	Pregnant women tested	Coverage of ARV treatment	Coverage of ARV treatment to	Pregnant women	HIV MTCT rate %,	Pediatric HIV rate	Congenital syphilis rate
	prenatal care visit by skilled personell,	tested for HIV, %	for syphilis, %	to prevent the MTCT of HIV	prevent the MTCT of HIV (UNAIDS	adequately treated for	2013/2014	per 1,000 live births	per 1,000 live births
	% (year of data)	`		(reported), %	estimate) %	syphilis %			
Cayman Islands	66	>95 (2013)	97 (2013)	No	:	:	0.0 ^c	0.00	0.00
Cuba	86	>95 (2013)	>95	>95	82	>95	1.8	0.02	90.0
Curaçao	1	:	:	ı	:	:	:	ı	ı
Dominica	100	61 ^a	>95	No	ı	>95	0.0 ^c	00.00	0.00 (2013)
Dominican Republic	100	81	:	50	75	83	5.4	0.30	0.07 (2013)
French Guiana	98 (2010)	1	:	ı	:	:	ı	ı	ı
Grenada	66	87 (2013)	>95 (2013)	:	:	>95 (2013)	:	ı	5.00
Guadeloupe	100 (2011)	:	ï		:	>95	ı	:	0.00 (2009)
Guyana	98 (2013)	93	87		61	:	2.1	0.25	0.00
Haiti	90 (2012)	93 (2013)	62 (2013)		95	87		:	:
Jamaica	99 (2012)	80	89	98	98	65	1.7	0.12	90.0
Martinique	95 (2012)	:						:	:
Monserrat	100	>95 (2013)	>95	No		:	0.0 ^c	0.00	0.00
Puerto Rico	100 (2013)	85 (2013)		>95 (2012)	:	:	0.0	0.00	0.00
Saba	100	95	>95	No	:	:	0.0 ^c	0.00	0.00
Saint Kitts and Nevis	100 (2007)	69	>95	>95	:	q	0.0	00:00	0.00
Saint Lucia	97 (2012)	26	67 (2013)	>95	:	50	0.0	0.00	1.75
Saint Vincent and the Grenadines	100	>95	90 (2013)	85		52	0.0	0.00	0.00
Sint Eustatius	100	>95 (2013)	>95 (2013)	No	:	:	0.0 ^c	0.00	0.00 (2013)
Sint Maarten	95 (2013)	:			:		:	:	:
Suriname	95 (2010)	85 (2013)	:	06	>95	:	1.8	0.21	0.00 (2010)
Trinidad and Tobago	100	>95	ï	:	72	64	1.8	0.16	2.23(2009)
Turks and Caicos Islands	06	e09	>95	>95	:	>95	0.0	0.00	0.00
Virgin Islands (UK)	99 (2011)	81	>95			Р	0.0 ^c	0.00	0.00 (2010)
Virgin Islands (US)	100	:	i	ŧ	:	:	0.0	0.00	0.00

Source: pregnant women attended by trained personnel and denominators for pediatric HIV and congenital syphilis rates: Pan American Health Organization, Health Information and Analysis Unit. Regional Core Health Data and Country Profiles Initiative 2015; pregnant women tested and treated for syphilis and the numerator for HIV-exposed children and congenital syphilis cases: unxins/wno, Country Global Ander response Progress Reporting, (2015) and direct communication to PAHO. more deatils about the data sources can be found under each specific indicator table in this report.

Note: Data is from 2014 unless otherwise indicated.

a Figure reported by country > 90%

b No positive cases to be treated.

c No HIV+ women were pregnant.







