



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



146th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 21-25 June 2010

Provisional Agenda Item 4.7

CE146/15 (Eng.)

8 May 2010

ORIGINAL: SPANISH

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

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, fetal death, neonatal death, prematurity, low birthweight, and congenital infection with varying degrees of severity.
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. Specifically, these interventions also contribute to the attainment of Millennium Development Goals (MDGs): MDG 4-Reduce child mortality; MDG 5-Improve maternal health; and MDG 6-Combat HIV/AIDS, malaria, and other diseases.
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 the Region 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 the Americas by 2015 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:

- 1994: The 24th Pan American Sanitary Conference urged the elimination of congenital syphilis as a public health problem in the Americas (Resolution CSP24.17);¹
- 1995: The Plan of Action for Elimination of Congenital Syphilis was presented during the 116th Session of the PAHO Executive Committee (1);
- 2004: The Regional Strategic Plan for HIV/AIDS/STI (2006-2015) was presented during the 46th Directing Council (2);
- 2005: PAHO published the framework for the “Elimination of Congenital Syphilis in Latin America and the Caribbean: frame of reference for its implementation” (3);
- 2006: PAHO and UNICEF launched an initiative in Central America and the Dominican Republic to strengthen prevention of mother-to-child transmission of HIV and syphilis;
- 2008 (August): PAHO and UNICEF held a technical consultation with public health authorities and experts in HIV and maternal/child health during the XVII International AIDS Conference in Mexico, urging progress toward comprehensive HIV and sexual and reproductive health services in prenatal care;
- 2009 (February): PAHO, together with UNICEF and UNAIDS, organized a meeting in Port-of-Spain, Trinidad and Tobago, where the conceptual framework document for the elimination of mother-to-child transmission of HIV and syphilis in the Caribbean was discussed;
- 2009 (March): PAHO, with the participation of UNICEF and UNAIDS, organized a technical consultation in Panama, bringing together the heads of reproductive

¹ Available in: http://www.paho.org/English/GOV/CSP/ftcsp_24.htm#R17

- health, HIV, and STI programs from 10 countries of the Region to identify the obstacles to eliminating mother-to-child transmission of HIV and congenital syphilis and develop indicators to help monitor progress;
- 2009 (May): During the World Health Assembly in Geneva, UNAIDS proposed the goal of eliminating mother-to-child transmission of HIV;
 - 2009 (November): The Regional Initiative for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis in Latin America and the Caribbean was launched at technical and political events in the Region, including the V Latin American and Caribbean Forum on HIV/AIDS and STDs (Lima, Peru) and the 18th meeting of CARICOM Ministers of Health (Washington, D.C., USA);
 - 2009 (December): Basic documents of the Regional Initiative – concept paper (4) and clinical guide (5) become available on the Internet, with a monitoring and evaluation guide in the final stage of preparation;
 - 2010 (March): The Global Fund to Fight Aids, Tuberculosis and Malaria issued a report stating that the goal of eliminating mother-to-child transmission of HIV by 2015 is attainable (6);
 - 2010 (April): The World Health Organization published a document urging the international community to establish new, more ambitious objectives that promote progress toward the elimination of child HIV by 2015 (7).

Situation Analysis

6. In Latin America and the Caribbean, 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 (8). Table 1 shows the syphilis cases reported in the countries of the Region during the period 2003-2006.

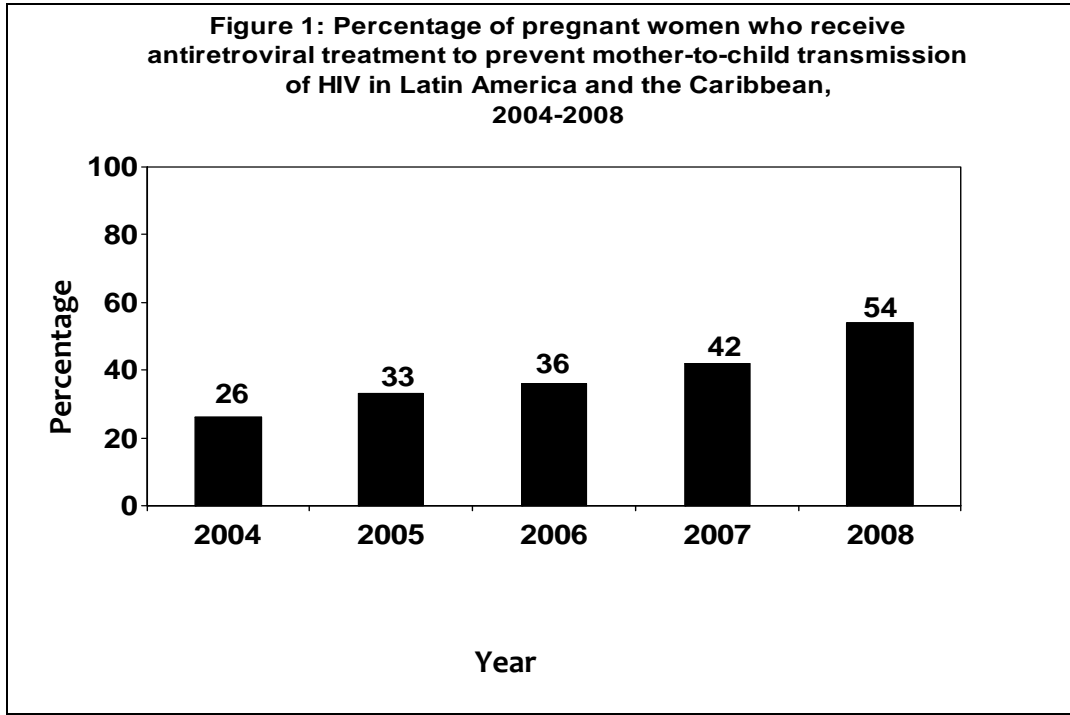
Table 1. Reported cases of syphilis in countries of the Region, 2003-2006

Country	Year	Syphilis cases per 100,000 population	Percentage of syphilis+ pregnant women	Cases of congenital syphilis per 1,000 live births
Argentina	2006	7.7	1.4	0.78
Bahamas	2004	NA	2.4	1.2
Belize	2004	NA	1.5	0.13
Bolivia	2004		4.9	12
Brazil	2005		1.4 *	1.9
Chile	2006	17.4	0.21	0.18
Colombia	2004	NA	NA	1.4
Cuba	2003	NA	1.8	0
Ecuador	2006	14	NA	0,79
El Salvador	2003	NA	6.2	0.9
Honduras	2006	29	1.5	10.8
Paraguay	2003	NA	6.3	1.9
Peru	2004	NA	1	1.7

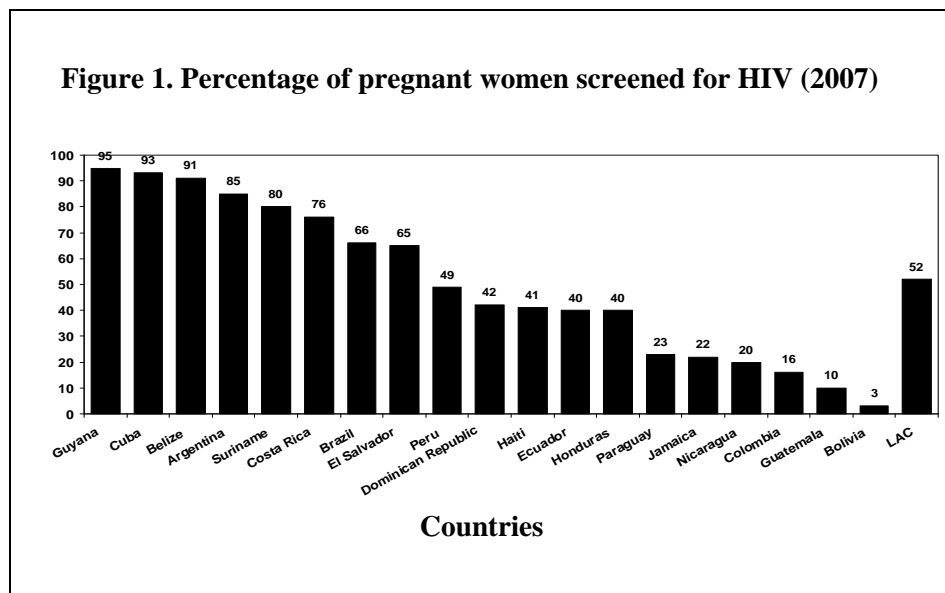
Source: PAHO/CLAP/SMR

7. The lowest estimate of HIV seropositivity in pregnant women in the Region as a whole is 0.3%; it varies from country to country and may be highest in Haiti, at 1.9% (9). 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 the Region (Figure 1) (10), 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 Latin America and the Caribbean is not always optimal—that is, with a minimum of four visits (the first in the first eight weeks of pregnancy). Many countries in the Region 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 Latin America and the Caribbean (Figure 2) (10).



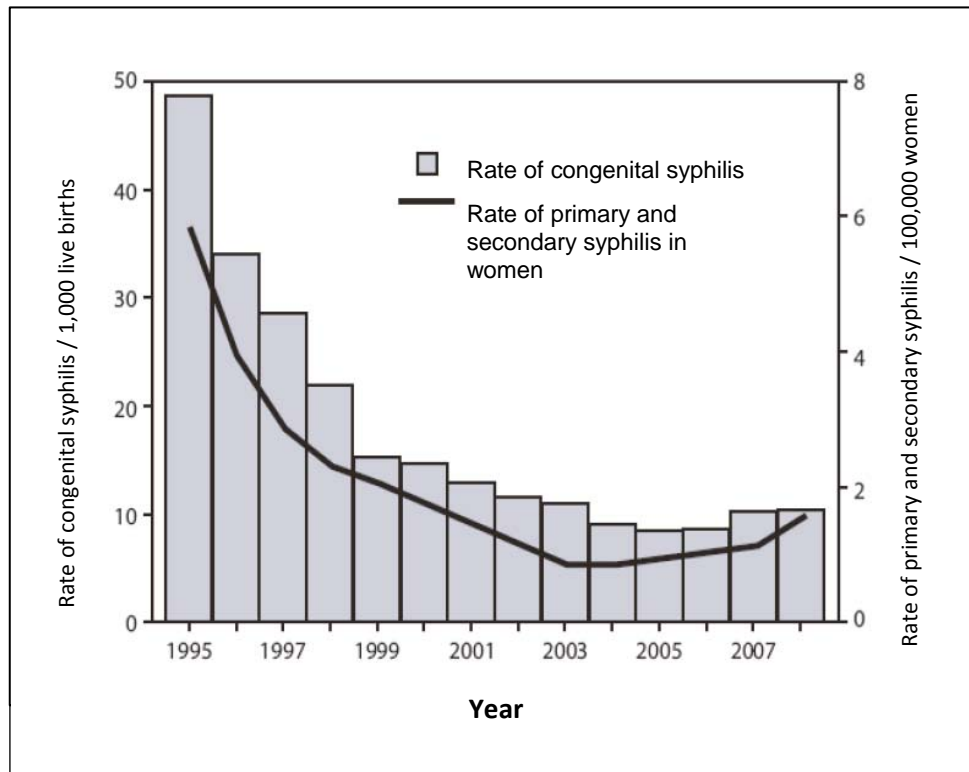
Source: Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector, Progress Report 2009. WHO, UNAIDS & UNICEF.



Source: Towards Universal Access: scaling up priority HIV/AIDS Interventions in the Health Sector, Progress Report 2009. WHO, UNAIDS & UNICEF.

9. In the United States, after 14 years of steady decline, the number of congenital syphilis cases reported in newborns began to rise in 2005, reaching 0.14 per 1,000 live births in 2008. This increase corresponded to the increase in syphilis cases in women (Figure 3) (11).

Figure 3: Rates of congenital syphilis and primary and secondary syphilis in women from 1995 to 2008 in the USA



Source: the Centers for Disease Control and Prevention.

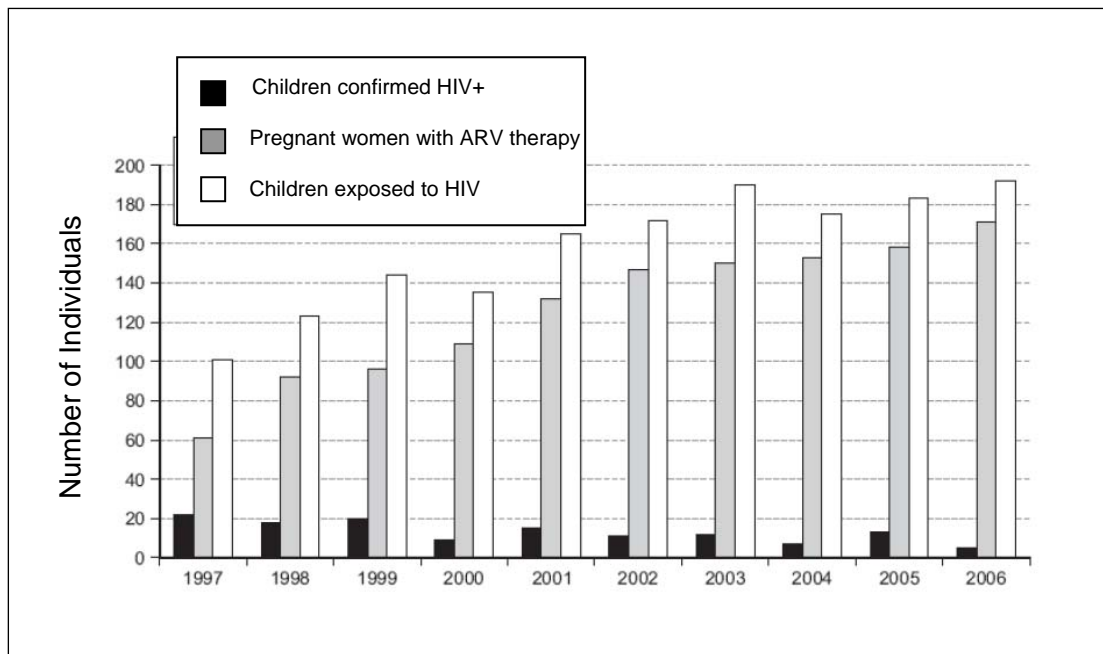
10. In a 2008 study on the 24 areas in the United States where most of the country's HIV cases are concentrated, prenatal check-ups among pregnant women with HIV reached 88% (66% with three or more visits) in the period 2000-2003, and at least 36% of pregnant women reached labor without a diagnosis of HIV. During that period, at least 14% of pregnant women with HIV did not receive ARV prophylaxis (12).

11. In the United States as a whole, the number of perinatal HIV infections was low in 2005, with 142 cases in 33 states, showing a steady decline. This figure brings the United States as a country closer to the goal of eliminating mother-to-child transmission of HIV. 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-American and 20% were Hispanic (13), much higher percentages than the relative proportion of these two groups in the population.

12. In Canada, HIV prevalence in pregnant women ranges from 0.02–0.09%. The number of infants exposed annually to HIV has risen steadily, reaching 192 in 2006. The use of antiretroviral therapy in pregnant women with HIV is also growing steadily. Prenatal screening for HIV is over 90% in most of the country. The data show that Canada is getting close to the goal of 2% or less of mother-to-child HIV transmission (Figure 4) (14).

Figure 4. Number of children with perinatal exposure to HIV, number of pregnant women receiving ARV therapy, and number of confirmed cases of HIV-positive children, Canada 1997-2006



Source: Public Health Agency of Canada.

13. Congenital syphilis has virtually been eliminated in Canada (15).

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, and services for newborns such as HIV and congenital syphilis treatment, coverage of the cost of premature delivery, low birth-weight, unsafe abortion, and maternal and neonatal morbidity and mortality. In an evaluation of the National Health System's response to HIV in the Dominican Republic (headed by PAHO

in collaboration with UNICEF and with support from the national health system and other agencies), it was estimated that the cost of treatment for the avoidable cases of mother-to-child HIV transmission (antiretrovirals alone) ranged from US\$20 to 51 million, while the cost of preventing transmission was calculated at about \$7 million (16).

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. Canada, Chile, and Cuba, are the countries with the best control of congenital syphilis in the Region. In 2004, Cuba reported capture of 98% of pregnant women during the first trimester and 99.8% institutional deliveries, with a 1.7% prevalence of maternal syphilis, 100% treatment coverage, and no case of congenital syphilis. Since 1996 the country has shown a steady decline in new cases of syphilis in the female population. In 2004, Chile had a congenital syphilis rate of 0.18 per 1,000 live births, along with a decline in the incidence of syphilis in the general population (17).

18. Eliminating mother-to-child transmission of HIV and congenital syphilis in the Americas contributes directly to the achievement of three Millennium Development Goals (MDGs): MDG 4: Reduce child mortality; MDG 5: Improve maternal health; and MDG 6: Combat HIV/AIDS, malaria, and other diseases.

Strategy and Plan of Action

19. A review of the current situation indicates that the two basic conditions for eliminating the two diseases are within reach for the countries of the Americas: 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.

Objective

Eliminate congenital syphilis and mother-to-child HIV transmission in the Americas by 2015.

Term

The Strategy and Plan of Action will be executed during the period 2010–2015.

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 centers 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 the Region to monitor and evaluate progress in eliminating mother-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 the Americas 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 the Region. 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 Strengthen prevention programs for women of childbearing age and their partners, in order to stimulate and guarantee the demand for sexual/reproductive health services and timely prenatal care.
 - 1.2 Ensure the early diagnosis of syphilis and HIV in pregnant women, their partners, and their children.
 - 1.3 Provide early and appropriate treatment for syphilis in pregnant women, their partners, and their children;
 - 1.4 Ensure timely referral to HIV treatment services when necessary.
 - 1.5 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 Latin America and the Caribbean.
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. *Integrate services in the following areas: HIV, sexual and reproductive health, pediatric care, and family and community health*

- 3.1 Ensure prevention of HIV and syphilis in sexual and reproductive health services, prenatal care, and family and community care.
- 3.2 Design specific interventions for preventing unwanted pregnancy among women with HIV and adolescents.
- 3.3 Make HIV/STI prevention interventions (including post-exposure prophylaxis) part of gender violence programs and services.

Action by the Executive Committee

24. The Executive Committee is requested to review the Strategy and Plan of Action contained in the present document and consider approval of the proposed resolution attached in Annex B.

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PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CE146/15 (Eng.)
Annex A

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. Agenda item: 4.7. Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis.

2. Responsible unit: Family and Community Health, the Latin American Center for Perinatology and Human Development and the Project for HIV/STI Prevention, Treatment, and Care

3. Preparing officer: Suzanne Serruya (the document is a collaborative effort among the PAHO/WHO Working Group, United Nations agencies, and international experts, and partners)

4. List of collaborating centers and national institutions linked in this Agenda item:

- National institutions responsible for the governance and implementation of programs in health, human rights, gender, etc.
- Civil society organizations
- UNICEF and other UNAIDS sponsors
- Professional associations in the fields of gynecology, obstetrics, pediatrics, nursing, prenatal care, nursing, youth and women's health, reproductive health, family planning, primary care services and hospital care, including:
 - Asociación de Ginecología y Obstetricia de Guatemala (AGOG)
 - Asociación Latinoamericana de Obstetricia y Ginecología Infantil y de la Adolescencia (ALOGIA)
 - Asociación Latinoamericana de Pediatría (ALAPE)
 - Centro de Estudios en Ginecología y Reproducción (CEGYR)
 - Colegio Mexicano de Medicina Familiar, A.C.
 - Federación Centroamericana de Asociaciones y Sociedades de Obstetricia y Ginecología (FECASOG)
 - Federação Brasileira das Sociedades de Ginecologia e Obstetricia (FEBRASGO)
 - Federación Argentina de Obstetricia y Ginecología
 - Federación Colombiana de Asociaciones de Obstetricia y Ginecología
 - Federación Latinoamericana de Sociedades de Obstetricia y Ginecología
 - Federación Mexicana de Colegios de Obstetricia y Ginecología (FEMECOG)
 - Federación Ecuatoriana de Sociedades de Ginecología y Obstetricia
 - International Federation of Gynecology and Obstetrics (FIGO)
 - Sociedad Chilena de Obstetricia y Ginecología
 - Sociedad Colombiana de Ginecología y Obstetricia
 - Sociedad Cubana de Obstetricia y Ginecología
 - Sociedad de Ginecología y Obstetricia de El Salvador
 - Sociedad de Ginecología y Obstetricia de Honduras
 - Sociedad de Obstetricia y Ginecología de Venezuela
 - Sociedad Ginecotológica del Uruguay

- Sociedad Iberoamericana de Diagnóstico y Tratamiento Prenatal
- Sociedad Nicaraguense de Ginecología
- Sociedad Paraguaya de Ginecología y Obstetricia
- Sociedad Peruana de Obstetricia y Ginecología
- Sociedade Portuguesa de Obstetricia e Ginecologia
- Sociedad Panameña de Obstetricia y Ginecología (SPOG)
- All Collaborating Centers of WHO which address the topics of sexual reproductive health, gynocology and obstetrics
- Asociación Brasileña de Enfermería
- Asociación Guatemalteca de Enfermeras Profesionales
- Colegio de Profesionales de Enfermería de Puerto Rico
- Colegio de Enfermeras de Chile
- Colegio de Enfermeras de Costa Rica
- Colegio de Enfermeras del Uruguay
- Colegio de Enfermeras de Bolivia
- Federación Argentina de Enfermería
- Federación Panameña de Profesionales de Enfermería (FEPPEN)
- International Confederation of Midwives (ICM)
- Sociedad Cubana de Enfermería
- Save the Children
- Sociedad Nicaragüense de Neonatología

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

The agenda item is linked to the principles and values and areas of action described in the Health Agenda for the Americas.

Principles and values:

Acknowledging that the Region is heterogeneous, and that our nations and their populations have different needs and sociocultural approaches to improving health, this Agenda respects and adheres to the following principles and values found in the Health Agenda for the Americas:

- a. *Human rights, universality, access, and inclusion.* The constitution of the World Health Organization states that “enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” In order to make this right a reality, the countries should work toward achieving universality, access, integrity, quality and inclusion in health systems that are available for individuals, families, and communities. Health systems should be accountable to citizens for the achievement of these conditions.
- b. *Pan American solidarity.* Solidarity, defined as collaboration among the countries of the Americas to advance shared interests and responsibilities in order to attain common targets, is an essential condition to overcome the inequalities with regard to health and to enhance Pan American health security during crises, emergencies, and disasters.
- c. *Equity in health.* The search for equity in health is manifested in the effort to eliminate all health inequalities that are avoidable, unjust, and remediable among populations or groups. This search should emphasize the essential need for promoting gender equity in health.

- d. *Social participation.* The opportunity for all of society to participate in defining and carrying out public health policies and assessing their outcomes is an essential factor in the implementation and success of the Health Agenda.

Areas of action:

- Strengthening the National Health Authority
- Tackling Health Determinants
- Harnessing Knowledge, Science, and Technology
- Strengthen Health Security
- Diminishing Health Inequalities among Countries and Inequities within Them
- Reducing the Risk and Burden of Disease
- Increasing Social Protection and Access to Quality Health Services
- Strengthening the Management and Development of Health Workers

6. Link between Agenda item and Strategic Plan 2008-2012:

The Strategy and Plan of Action are directly linked to **Strategic Objective 2**: “To combat HIV/AIDS, tuberculosis, and malaria.” More specifically, it will contribute to **Region-wide Expected Result 2.1**: “Member States supported through technical cooperation for the prevention of, treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach, and vulnerable populations;” **RER 2.2**: “Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria, and TB prevention, support, treatment, and care;” and **RER 2.4**: “Regional and national surveillance, monitoring, and evaluation systems strengthened and expanded to track progress towards targets and resource allocations for HIV/AIDS, malaria, and tuberculosis control; and to determine the impact of control efforts and the evolution of drug-resistance.”

7. Best practices in this area and examples from countries within the Region of the Americas:

- In 2007 it was estimated that eight countries in the Region screened more than 50% of pregnant women for HIV (Argentina, Belize, Brazil, Costa Rica, Cuba, El Salvador, Guyana, and Suriname).
- Chile and Cuba have better control of congenital syphilis than other countries in the Region.
- Colombia is one of the countries that has made the most progress in positioning the Elimination Initiative. Since 2009, the Ministry of Social Protection has been stressing the need for greater integration of efforts to address these two pathologies. Through national meetings to reach a consensus with insurers and providers and the development of tools for providers, efforts are being made to standardize practice with respect to the early detection, diagnosis, and prevention of HIV and syphilis in pregnant women.

8. Financial implications of this Agenda item:

For the period 2010-2015, spending on activities and personnel is estimated at US\$3 million. Some 65% of this figure will be allocated to activities in the Member States. However, full implementation at the national level will require funds from other sources, including national resources and donors such as the Global Fund. It should be noted that preventing mother-to-child transmission of HIV and congenital syphilis will result in a considerable saving in the costs of treatment and care for avoidable cases of children with congenital syphilis or HIV.



PAN AMERICAN HEALTH ORGANIZATION
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146th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 21-25 June 2010

CE146/15 (Eng.)
Annex B
ORIGINAL: SPANISH

PROPOSED RESOLUTION

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

THE 146th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the Director's report on the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis (Document CE146/15), based on the Strategic Plan 2010-2015 of PAHO,

RESOLVES:

To recommend that the Directing Council consider adopting a resolution written in the following terms:

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

THE 50th DIRECTING COUNCIL,

Having reviewed the report of the Director on the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis (Document CD50/__), based on the Strategic Plan 2010-2015 of PAHO;

Considering that the review of the current situation indicates that the two basic conditions for eliminating the two diseases are within the reach of the countries of the Americas: the availability of effective means for interrupting mother-to-child transmission of HIV and congenital syphilis (biological viability) and the availability of

practical treatment measures and simple, accessible, and sustainable diagnostic tools (programmatic and financial viability);

Noting that although many countries have successfully expanded the response to HIV through the wide distribution of guidelines for preventing mother-to-child transmission of HIV, access to diagnosis and treatment of syphilis has not simultaneously improved, and organizational and managerial problems, such as fragmented services, inequity in service delivery, and a lack of human resources, capacity, and supplies, persist in the Region's health systems;

Recognizing the goal of moving beyond the outdated notion of tackling the two diseases (HIV and congenital syphilis) and their risk of mother-to-child transmission through separate efforts (i.e., a disease-focused – instead of a patient-focused approach), that the two infections occur, or can occur, in a single woman, and that the services we provide are going to have an impact on the entire family;

Bearing in mind the commitments of Resolutions: *Plan of Action for the Elimination of Congenital Syphilis* (Document CE116.R3 [1995]); *Scaling-up of Treatment within a Comprehensive Response to HIV/AIDS* (Document CD45.R10 [2004]); *Pan American Health Organization's Regional Strategic Plan for Infection Control of HIV/AIDS/STI (2006-2015)* (Document CD46.R15 [2005]); and *Elimination of Neglected Diseases and Other Poverty-Related Infections* (Document CD49.R19 [2009]);

Recognizing that the Pan American Health Organization has collaborated with the countries of the Region to establish the conceptual underpinnings, techniques, and infrastructure for the preparation of national programs and policies on sexual and reproductive health, with a focus on eliminating mother-to-child transmission of HIV and congenital syphilis;

Considering the importance of a plan of action for implementing the Regional Strategy for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis in the Americas, which will offer guidance, as appropriate, for the preparation of future national plans and the strategic plans of all organizations interested in cooperating for health with this goal in the countries of the Americas.

RESOLVES:

1. To endorse the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis by 2015 in order to respond effectively and efficiently to current and emerging needs, with specific consideration of the prevailing inequalities in health status, strengthen the health system's response in

order to develop and implement policies, laws, plans, programs, and services to address this public health problem.

2. To urge Member States 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 the health services for prenatal care, sexual and reproductive health, HIV, STIs, and other related areas;
- (b) design and execute national plans and promote the adoption of public policies guided by the Strategy and Plan of Action, focusing on the needs of low-income and vulnerable populations;
- (c) coordinate with other countries in the Region 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 intersectoral 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, 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 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.
3. Request the Director to:
- (a) promote coordination and implementation of the Strategy and Plan of Action by integrating the activities of PAHO's program areas into the national, subregional, regional, and interagency spheres;
 - (b) collaborate with the Member States in implementing the Strategy and Plan of Action in accordance with their own national situation and priorities, and promote the dissemination and interagency utilization of the resulting products at the national, subregional and regional levels;
 - (c) promote the development of collaborative research initiatives that can furnish the evidence needed to establish and disseminate effective, appropriate programs and interventions for the elimination of mother-to-child transmission of HIV and congenital syphilis and the improvement of sexual and reproductive health;
 - (d) forge new partnerships and strengthen existing ones in the international community to mobilize the human, financial, and technology resources needed to implement the Strategy and Plan of Action;
 - (e) promote technical cooperation among countries, subregions, international and regional organizations, public entities, private organizations, universities, the media, civil society, and communities, in activities to promote sexual and reproductive health;
 - (f) promote coordination between this Strategy and Plan of Action and similar initiatives of other international technical cooperation and financing agencies;
 - (g) report periodically to the Governing Bodies of PAHO on the progress and obstacles identified during the execution of the Strategy and Plan of Action, and consider adapting this plan to respond to the varied contexts and new challenges in the Region.



ORGANIZACIÓN PANAMERICANA DE LA SALUD
Oficina Sanitaria Panamericana, Oficina Regional de la
ORGANIZACIÓN MUNDIAL DE LA SALUD

CE146/15 (Eng.)
Annex C

**Report on the Financial and Administrative Implications for the
Secretariat of the Proposed Resolutions**

1. Agenda item: 4.7. Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis.

2. Linkage to Program Budget 2008-2009:

(a) **Area of work:** Family and Community Health (FCH)

(b) **Expected result:**

RER 2.1: Member States supported through technical cooperation for the prevention of, treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach, and vulnerable populations

RER 2.2: Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria, and TB prevention, support, treatment, and care;

RER 2.4: Regional and national surveillance, monitoring, and evaluation systems strengthened and expanded to track progress towards targets and resource allocations for HIV, malaria, and tuberculosis control; and to determine the impact of control efforts and the evolution of drug-resistance.

3. Financial implications

(a) **Total estimated cost for implementation over the life-cycle of the resolution (estimated to the nearest US\$10,000 including staff and activities):**

For the period 2010-2015, spending on activities and personnel is estimated at US\$3 million. Some 65% of this figure will be allocated to activities in the Member States. However, full implementation at the national level will require funds from other sources, including national resources and donors such as the Global Fund. It should be noted that preventing mother-to-child transmission of HIV and congenital syphilis will result in a considerable saving in the costs of treatment and care for avoidable cases of children with congenital syphilis or HIV.

(b) Estimated cost for the biennium 2010-2011 (estimated to the nearest US\$10,000, including staff and activities):

US\$1.2 million (65% for activities and 35% for salaries)

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

Some 30% of the total needed for the biennium is already programmed with funds from Spanish Cooperation. Additional funds are being sought for execution during the remainder of the biennium.

4. Administrative implications:

(a) Indicate the levels of the organization at which the work will be undertaken: Regional, subregional, and national, with emphasis on the last two.

(b) Additional staffing requirements (indicated additional required staff full-time equivalents, noting necessary skills profile): With the arrival of a new expert in pediatric AIDS in April, currently no need for additional personnel is foreseen.

(c) Time frames (indicate broad time frames for the implementation and evaluation): A plan is in place for monitoring and evaluation, which will be implemented on an ongoing basis. The final evaluation will be conducted after the period for the Plan of Action ends in 2015.