PATH

Eliminating mother-to-child transmission of syphilis

A healthy start to life in Zambia

THE GLOBAL MOVEMENT TO END CONGENITAL SYPHILIS

Among pregnant women, there are approximately 2 million new cases of syphilis detected each year. Syphilis is a sexually transmitted infection (STI) with serious health effects on both mothers and their unborn infants, including mother-to-child transmission of congenital syphilis.[1] Congenital syphilis can cause premature birth, low birth weight, birth defects, and even newborn death—but the infection is preventable when syphilis is detected in the mother during pregnancy and treated appropriately.[1]

Congenital syphilis is an unnecessary burden on mothers, families, and health systems. Mothers can be tested for infections with low-cost, easy-to-use diagnostics and promptly treated to stop transmission to newborns. However, policy and funding gaps—as well as the tendency of health care providers to underestimate a pregnant woman's risk of having syphilis—hinder the widespread testing of pregnant women in low-resource settings. This contributes to considerable rates of newborn morbidity and mortality.

The World Health Organization (WHO) has called for the global elimination of mother-to-child transmission of syphilis and is promoting increased advocacy and awareness at the global and national levels. Government commitments are necessary to ensure that all pregnant women are tested and treated with appropriate antibiotics. Through evidence-based policy change and implementation, as well as increased resource allocation, congenital syphilis can be eliminated as a health risk for newborns.

THE BURDEN OF CONGENITAL SYPHILIS IN ZAMBIA

In Zambia, the continued prevalence of syphilis is a risk to health for both mother and child. In 2008, the WHO estimated that approximately 19,000 pregnant women had active syphilis in Zambia, many of whom passed the infection on to their newborns.[1] A newly available rapid syphilis test (RST) offers a low-cost, easy-to-use screening

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option that can produce accurate results within 30 minutes—even in facilities without laboratory services. When pregnant women test positive during their antenatal care (ANC) visits, health care providers can effectively treat the infection with benzathine penicillin, a low-cost antibiotic, and prevent transmission to newborns.

However, syphilis screening for pregnant women remains low, due in part to a perceived low risk of infection by health care workers and test-kit stock-outs. Although 96% of pregnant women attend ANC at least once, fewer than half are tested for syphilis.[2,3] This missed opportunity to diagnose and treat a pregnant woman has significant consequences for both mother and child.

Positively, the government of Zambia has shown commitment to eliminate congenital syphilis, and has prioritized the introduction of new RSTs, with an initial focus on regions where laboratory capacity is weak. Additionally, the Ministry of Health (MOH) developed national guidelines for the use of RSTs, included RSTs in the standard package of services provided during ANC, and incorporated RSTs in prevention of mother-to-child transmission of HIV.

But despite these initiatives, there are key barriers that need to be addressed.

- A shortage of funds has resulted in frequent stock-outs of RSTs. Most available test kits are purchased with donor funding, a source of support that can be unpredictable and unsustainable.
- Critical government policies that set overarching strategies for maternal and newborn health do not specifically mention the use of RSTs to test pregnant women.
- RSTs have not been incorporated into supply chain and logistics systems so delivery of test kits can be unreliable. Many health workers in Zambia have been trained to use RSTs but they cannot adhere to screening and treatment guidelines without an adequate supply of the testing kits.

EXPANDING TESTING FOR CONGENITAL SYPHILIS THROUGH ADVOCACY

In Zambia, PATH and partners are advocating for evidence-based policy change and increased resource allocation to accelerate the development and delivery of maternal and newborn health interventions. In an effort to further reduce newborn morbidity and mortality, PATH is focusing advocacy efforts on the scale-up of RSTs for pregnant women in ANC settings. This work builds on PATH's Dual Testing and Elimination of Congenital Syphilis (DTECS) Project, which sought to strengthen the current knowledge base and estimation of the burden of disease in three focus countries, including Zambia, and explore the feasibility of eliminating congenital syphilis within existing health programs. In line with this project's recommendations, PATH's advocacy priorities include:

- Revising Zambia's Safe Motherhood Guidelines for service providers and public health programmers to include elimination of congenital syphilis and use of RSTs for pregnant women at ANC.
- Revising Zambia's STI and HIV Guidelines to integrate syphilis testing and treatment into existing services.
- Increasing budget allocation for RST kits to ensure their availability at health facilities and decrease reliance on donor funding.

To reach decision-makers and key stakeholders who can influence policy and budget, PATH revitalized Zambia's STI Technical Working Group (TWG). Members of the STI TWG, which include government officials, technical experts, and nongovernmental organizations, agreed to form a subgroup to focus specifically on the elimination of congenital syphilis—so that no woman or baby goes untested or untreated. Through PATH's leadership on the Congenital Syphilis Working Group and with the support of the MOH, advocates will ensure that congenital syphilis is recognized in broader national policies and programs related to STIs, as well as reproductive, maternal, and newborn health.

A HEALTHY START AT LIFE

The Government of Zambia is adopting policies that aim to increase access to high-quality health care. To achieve the Sustainable Development Goal target of ending preventable newborn death by 2030, however, it will be crucial for the government to focus on policy implementation, financing, and alignment so that health interventions—like RSTs for the elimination of congenital syphilis—are fully scaled-up. Through advocacy and collaboration, civil society and other key stakeholders can hold the government accountable to the promises it has made to newborns.

REFERENCES

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455 Massachusetts Ave NW
Suite 1000
Washington, DC 20001 USA

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