

11th May 2010, Buenos Aires - With the right treatment, mother-to-child transmission of congenital syphilis and HIV, the AIDS virus, can be prevented. But every year, thousands of babies are still being born with these diseases in Latin America and the Caribbean.

"In spite of the high level (94 percent) of women receiving prenatal care in Latin America and the Caribbean, the proportion of women giving birth in health institutions is low in many countries in this region, which is a serious hindrance to the implementation of a strategy to eliminate" transmission of these diseases.

This paragraph is taken from the Regional Initiative for the Elimination of Mother-Child Transmission of HIV and Congenital Syphilis in Latin America and the Caribbean (Conceptual Document), launched in late 2009 by the Pan American Health Organisation (PAHO).

The strategy focuses on providing comprehensive health care for pregnant women, in order to eradicate vertical (mother-child) transmission of HIV and syphilis by 2015.

For practical purposes, eliminating transmission of HIV is understood to mean reducing infections in newborns to two percent or less, and for congenital syphilis, to less than or equal to 0.5 cases per 1,000 newborns (including stillborn infants).

With a regional average of 0.3 percent of pregnant women being HIV-positive, an estimated 5,700 to 10,400 babies a year are infected with the virus by vertical transmission during pregnancy, delivery or breastfeeding.

Syphilis, a potentially fatal infection caused by spirochaete bacteria, affects on average four percent of women in Latin America and the Caribbean. At least 164,000 babies are born with the disease every year.

Dr. Marcelo Vila, a PAHO adviser on HIV/AIDS and sexually transmitted infections for Argentina, Chile, Paraguay and Uruguay, told IPS that "good healthcare during pregnancy can eliminate transmission of both" HIV and syphilis.

Medical conditions in mothers are not always properly treated "because there are problems with access to the health care system and coverage," he said. In this respect, the region "is not homogeneous," he added.

Chile's statistics indicate it is close to meeting the goal, while in Argentina, Uruguay and Paraguay the figures vary widely depending on the area, he said.

"The PAHO initiative is aimed at guaranteeing that pregnant women have access to antenatal care, diagnosis and, if necessary, treatment, which is very simple in the case of syphilis," he added.

For her part, Dr. Bertha Gómez, a PAHO adviser on HIV/AIDS and sexually transmitted

infections for the Andean region, told IPS that resources are available, but differences in the levels of access persist between different regions and countries.

"Generally in our countries (in the Andean region) there is high coverage of prenatal care and institutional childbirth, there is political will, human resources are available to do the work, and we have the technology for treatment," she said.

In Latin America and the Caribbean, some countries are models in prevention of transmission, like Cuba and Chile, while others are a long way behind, like Haiti, Bolivia and Paraguay, Gómez said.

The PAHO document confirms that some countries have made "significant progress" towards eliminating vertical transmission of both diseases, while in others there are "considerable gaps."

But in general "the basic conditions for the elimination of both diseases are within reach in the region," says the PAHO document. The treatments and the diagnostic tools are "simple and affordable," it urges.

Mother-child transmission of HIV can be reduced by anti-retroviral therapy during pregnancy, by Caesarean section, and by alternatives to breastfeeding, the document says.

Congenital syphilis can only be prevented by adequate treatment of the pregnant woman with penicillin, it adds.

However, PAHO says that only 55 percent of pregnant women in the region take an AIDS test.

One hurdle is lack of prenatal care; another is childbirth attended by non-medical personnel. In addition, access to diagnostic tests may be difficult, and results may be severely delayed.

The study also says that "fragmentation of services" persists in some health systems, leading to paradoxical situations, such as pregnant women being given preventive treatment against HIV transmission, only to see their babies die after birth from congenital syphilis.

"Over the last 20 years, HIV/AIDS has stolen the limelight from other sexually transmitted diseases, and now we have to go back and look at them all again, because although syphilis is curable, it has in no way been overcome," said Vila.

He said that one-third of pregnancies in women with untreated syphilis end with the death of the foetus; in another one-third of these cases, the babies will be affected to different degrees; and only one-third of the women will give birth to healthy babies.

Patricia Pérez, coordinator of the International Community of Women Living with HIV/AIDS (ICW), told IPS that the PAHO initiative is a good thing, but said women's participation is needed to assess whether the plan actually works in practice.

For instance, "a doctor can advise an HIV-positive woman not to breastfeed her baby (and give

her infant formula), but it is likely that, because of poverty, she will give the formula to her other children and breastfeed her newborn baby," Pérez remarked.

In Pérez's view, what is needed is "a comprehensive policy for women" to provide them with care and support, not only during pregnancy and the postpartum period, but throughout their lives.

Source: [IPS](#)