

Syphilis Screening and Treatment for Pregnant Women

Preventing mother-to-child transmission of syphilis to avert thousands of cases of neonatal mortality and childhood disability every year.

A sustainable, cost-effective path to improving the quality of prenatal care.



About

Our program assists governments to ensure that all pregnant women who seek prenatal care are screened and treated for syphilis, preventing adverse outcomes that occur when the disease passes from mother to child.

A PREVENTABLE TRAGEDY

Approximately **one million pregnant women** around the world are infected with active syphilis, a disease that causes severe problems for the unborn child. Each year, mother-to-child transmission of syphilis, called congenital syphilis, results in a combined **200,000 stillbirths and neonatal deaths globally**—more than the child mortality caused by HIV—as well as over **100,000 cases of disabilities** in children, including blindness, neurological issues, and hearing loss.

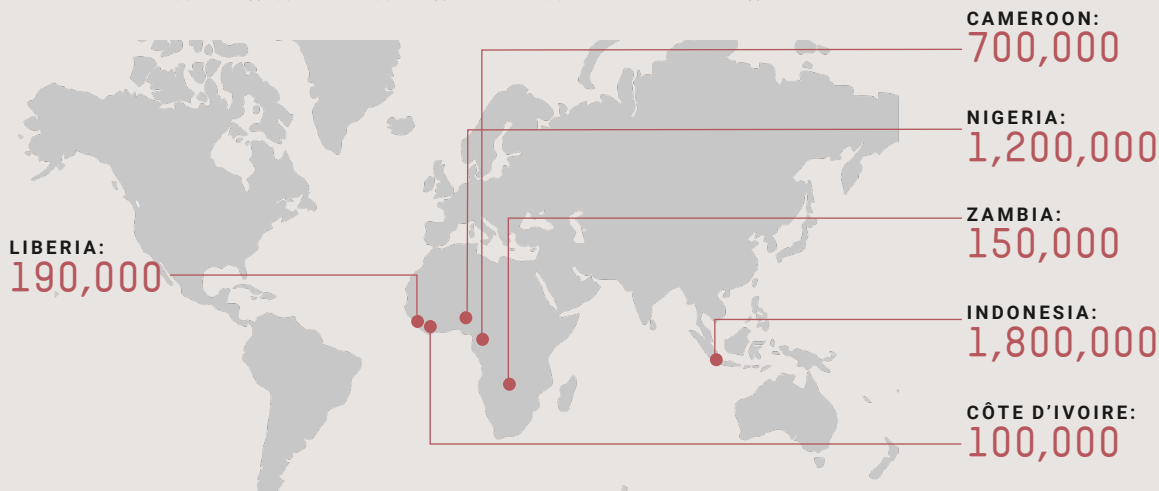
Much of this suffering is treatable with a single inexpensive benzathine penicillin injection, which can prevent over 80% of the adverse outcomes to the child. Yet prevention of congenital syphilis remains deeply neglected globally, despite the severe health burden it places on children.

Evidence Action is seeking to change this paradigm by working with governments to adopt and **scale rapid HIV/syphilis dual testing** in prenatal care settings, dramatically increasing countries' ability to detect and treat the disease before it causes complications to the child. To close the gap between HIV and syphilis testing, we are partnering with the governments of Liberia, Zambia, and Cameroon. We aim to increase syphilis screening in all three countries to 80%-95% within five years - up from baseline levels of 6% to 50%.



Impact Potential

NUMBER OF PREGNANT WOMEN WHO WOULD GAIN ACCESS TO SYPHILIS TESTING AND TREATMENT AFTER THE DUAL TEST IS INTRODUCED*



**1/3 OF ALL
ADVERSE
OUTCOMES**

INCLUDING OVER 50,000 STILLBIRTHS AND 20,000 NEONATAL DEATHS, COULD BE PREVENTED BY ADOPTING HIV/SYPHILIS DUAL TESTING IN HIGH BURDEN COUNTRIES.

* Estimates based on publicly available health and population government data

A Cost-Effective Solution

Countries can **leverage a decades-long investment in programs preventing mother-to-child HIV transmission to simultaneously address congenital syphilis**. Switching from an HIV-only test to an HIV/syphilis dual test costs an additional US\$0.15, and combined with delivering a penicillin injection to women found to be infected—each dose costing less than US\$0.50—thousands of childrens' lives can be saved within the next few years.

HIV/SYPHILIS DUAL TEST

HIV/syphilis dual tests can be easily administered by midwives and nurses during prenatal visits, require only a single fingerstick, and yield clear results within 15 minutes. These tests can be deployed within existing HIV infrastructure, do not compromise accuracy in HIV testing, and enable syphilis screening where it has been largely non-existent for decades.




PENICILLIN TREATMENT

A simple benzathine penicillin shot is highly effective in reducing the risks associated with maternal syphilis. Studies show that a single dose administered before a woman's third trimester dramatically reduces the risk of adverse outcomes, including:

          **82%** REDUCTION IN THE RISK OF STILLBIRTH DURING PREGNANCY

          **80%** REDUCTION IN THE RISK OF NEONATAL DEATH

          **60%** REDUCTION IN THE RISK OF BEING BORN AT A LOW BIRTH WEIGHT

               **96%** REDUCTION IN THE RISK OF PHYSICAL AND COGNITIVE DISABILITY CAUSED BY HAVING SYPHILIS AT BIRTH

HOW IT WORKS

Evidence Action supports governments through a technical assistance model, where we provide comprehensive support to scale HIV/syphilis dual testing and strengthen syphilis treatment, with focus in five core areas:

Strengthening policy, program management, and coordination by piloting dual testing and developing operational plans for national scale-up; providing technical guidance in policy advocacy and revision, and partner coordination.

Ensuring high quality training and supervision of healthcare providers by developing curriculum, job aids, and other healthcare provider tools, and facilitating on-the-job training and supportive supervision.

Improving supply chain management by developing tools for data-driven national quantification and distribution, creating tools to aid facility-level commodity management, and assessing existing supply chain systems to identify key bottlenecks and strategize solutions.

Strengthening data collection and monitoring by identifying key performance indicators, improving existing national data collection tools, developing a programmatic learning agenda and sharing results to help drive process improvement.

Identifying and securing funding by supporting government applications to Global Fund and PEPFAR, and proving strategic funding to fill programmatic gaps in availability of commodities, training, and supportive supervision.

OUR ACCELERATOR

Evidence Action's engine for new program development, our Accelerator selects evidence-based and cost-effective interventions with the highest potential to measurably improve the lives of millions of people in the poorest places. Through a rigorous process, interventions are tested so that only those with the greatest potential for cost-effective impact are scaled up.

Interventions considered by the Accelerator are typically:

Ready-to-scale, with a strong existing evidence base and potential to reach significantly more people.

Highly cost-effective, enabling significant impact primarily in health-at a relatively low cost when compared to other solutions.

Neglected or underfunded, such that applying our capabilities and experience can help overcome gaps and provide benefit to millions of people in need.

The Syphilis Screening and Treatment for Pregnant Women program is an example of the type of intervention our Accelerator selects, optimizes, and scales.

About Evidence Action

Evidence Action scales evidence-based and cost-effective programs to reduce the burden of global poverty. We bridge the gap between research about what works and solutions for people in need, to effectively serve hundreds of millions of people in the world's poorest places.

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