

Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis in the Americas: Cuba Validation

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EMTCT TARGETS

(Resolution CD 50.R12 - 2010)

- * Rate mother-to-child transmission (MTCT) of HIV to 2% or less.
- * Incidence of MTCT of HIV to 0.3 cases or less per 1,000 live births.
- * Incidence of congenital syphilis to 0.5 cases or less (including stillbirths) per 1,000 live births.

Development of the Validation mechanism

1. Drafting and pilot implementation of validation methodology (2012-2014).
2. Establishment of the Regional Validation Committee (RVC) (May 2014 & second meeting in February 2015).
3. Development of roster of regional experts for formation of validation teams (2014).
4. Dissemination of validation guidance in the region (2014).
5. Development of standardized mechanisms/tools for key RVC tasks (template for review of country reports, NDA forms, etc.) (2014-2015)

Timeline Cuba Validation

Dates	Action
November 2013	Request to PAHO from Cuba Ministry of Health for validation
March 2014	Establishment of Cuba National Validation Committee by the Minister of Health
October 2014	Submission of Cuba country report to PAHO
October – December 2014	Review of the country report by the RVC
December 4-5, 2014	Pre-validation visit to Cuba by a joint delegation consisting of two members of the RVC and two PAHO technical officers
March 22-27, 2015	Cuba validation mission

Tools Applied in the Cuba Validation Assessment

- * **Data verification and impact assessment:** the global tool was expanded to include a checklist for assessment of data collection mechanisms and processes and data quality issues on national, sub-national and service delivery level.
- * **Laboratory assessment:** the global tool was slightly modified to remove reference to SLIPTA, the global tool for stepwise laboratory improvement towards accreditation.
- * **Human rights, gender equality and community engagement:** the global tool, which was finalized with PAHO support, was used as is.
- * **Programs and services assessment:** this tool was developed in the region to facilitate assessment of the scope, quality and sustainability of EMTCT-related programs and services.

SELECTION OF REGIONS AND SITES

- * Aim: To comply with the global requirement that EMTCT of HIV and syphilis must have been achieved in at least one of the lowest-performing sub-national units.
- * Criteria considered:

Population size & density	# of HIV + pregnant women
Antenatal care (ANC) coverage	ARV coverage in pregnant women
Early initiation of ANC	# cases of vertical HIV transmission
Skilled attendance at delivery	Syphilis prevalence in ANC population
Coverage HIV testing	# of syphilis seropositive pregnant women
HIV prevalence in ANC population	# cases of congenital syphilis
Socio-geographic strata	Other factors (i.e. specific circumstances)

PROGRAMS AND SERVICES

Validation questions:

- 1) is there an adequate structure of programs and services to sustain EMTCT of HIV and syphilis;
- 2) are the EMTCT services universally available and accessible for all, including vulnerable and marginalized populations;
- 3) do the health system and funding structure guarantee sustainability of EMTCT services?

PROGRAMS AND SERVICES

- Verification:
 - Interviews (individual & group) with:
 - National program managers
 - Provincial and municipal program coordinators
 - Service providers
 - Clients
 - Civil society representatives
 - Review of national plans and strategies

HUMAN RIGHTS, GENDER EQUALITY, COMMUNITY ENGAGEMENT

Validation issues addressed (as per global recommendation):

- Criminalization of vertical transmission
- Mandatory or coerced testing and treatment
- Forced or coerced sterilization
- Informed consent
- Confidentiality and privacy
- Equality and non-discrimination
- Community engagement and accountability
- Addressing gender-based violence
- Access to justice

HUMAN RIGHTS, GENDER EQUALITY, COMMUNITY ENGAGEMENT

- **Verification**

- **Desk review:** Review of the international and regional binding and nonbinding human rights and gender equality instruments the country has signed, ratified or endorsed.
- **Review of available country accountability reports,** shadow reports (NGOs, advocates), responses and reports from the UN Special Rapporteur, UBRAF reports, etc.
- **Stakeholder interviews (individual & group):** government officials, civil society representatives, persons living with HIV, advocates, etc.

LABORATORY

Validation questions:

- 1) Is there an adequate laboratory network to provide appropriate services needed to achieve and maintain a programme for EMTCT of HIV and syphilis?
- 2) Are the results generated by the laboratory network adequately reliable, sensitive, specific and quality-assured?

DATA VERIFICATION AND IMPACT ASSESSMENT

Validation questions:

- 1) is the data generated by the country reliable to assess achievement of the EMTCT targets?
- 2) has the country achieved the EMTCT targets?

DATA VERIFICATION AND IMPACT ASSESSMENT

Verification:

- Interviews with stakeholders
- Review of databases and paper-based information systems (ANC, HIV, syphilis) on national, provincial and municipal level
- Review of client records: spot-checking & cross-checking
- Review of 5 cases of vertical transmission of HIV across the different levels of care.
- Review of stillbirth records and cross-checking with congenital syphilis records.

Conclusion

Based on the results of the validation assessment, the RVC concluded that Cuba has complied with the global and regional criteria and recommended Cuba to WHO for validation of EMTCT of HIV and congenital syphilis



THANK YOU