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Mini Review

Screening and Treatment for Syphilis among Pregnant Women in the Southern African Countries: Long Road to Elimination

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Background

Maternal syphilis increases the risk of mother-to-child transmission (MTCT) of HIV and untreated syphilis in pregnancy is a major cause of morbidity and mortality. An estimated 200,000 foetal and neonatal deaths each year are related to sexually transmitted infections (STIs). Since the launch of the World Health Organization (WHO) global guidance in 2014, only 11 countries have achieved validation of elimination of mother-to-child transmission (EMTCT) of syphilis. The WHO recommended that at least 95% of pregnant women who have syphilis receive treatment, to eliminate mother-to-child transmission of syphilis [WHO 2018; UNAIDS 2021; UNDP 2021; WHO, 2019].

Based on the World Health Organisation, one million pregnant women had syphilis in 2016. Only 38 of the 78 reporting countries, tested more than 95% of women attending antenatal care for syphilis. An average of 3.2% (range 1.1% to 10.9%) of antenatal care attendees tested positive for syphilis in 2019. However, there are still 20 countries, of the 78 reporting countries, testing less than 50% of antenatal care attendees for syphilis, against WHO (2018).

Purpose of the Study

The purpose of this study was to determine syphilis screening patterns among pregnant women from the 16 Southern African Development Community (SADC) member countries in order to identify clinical practice and research gaps and highlight missed opportunities for scaling up early screening and treatment in SADC member countries.

Materials and Methods

Data were extracted from the 2019 World Health Organisation (WHO) STI report on: (1) STI syphilis cascade among ANC attendees (% tested, % tested positive and % treated). Comparison of the indicators, namely: ANC attendees tested for syphilis (%); ANC attendees positive for syphilis (%); and ANC attendees receiving treatment (%) was done.

Results

Mauritius, Seychelles and South Africa tested 100% of ANC attendees for syphilis. Two countries were had screening rate below 50% i.e. DR Congo, Angola and Madagascar. However, 13 of the 16 member countries had positivity yield for syphilis of above 0.5%. Nine countries exceeded the Africa Region median value of 2% [0.1% - 7.6%] syphilis positive rate was highest in UR Tanzania (5%), DR Congo (4.8%), Lesotho (4%) and Mauritius (3.9%). Malawi, Mauritius, and Seychelles treat 100% of ANC attendees for syphilis. The linkage to treatment was poor in four of the countries, that treated less than 70% of the syphilis positive women. Eight countries had treated at least 70% and above.

SADC Member State/Country (2019)	Period	ANC attendees tested for syphilis (%)	ANC attendees positive for syphilis (%)	% ANC attendees receiving treatment (%)
Angola	2019	15.3	2.5	88.8
Botswana	2019	73.1	0.3	42.2
Comoros	2019	63.8	0.16	100
Democratic Republic of Congo (DR Congo)	2019	4.6	4.8	43.4
Swaziland/eSwatini	2018	89.4	1.7	90.15 (2016)
Lesotho	2019	78.5	4	62.2. (2014)
Madagascar	2019	28.8 (2017)	3	47.8
Malawi	2019	81.7	1.6	100
Mauritius	2019	100 (2017)	3.9	100
Mozambique	2019	82.7	2.9	75 (2018)
Namibia	2017	97.9	2.1	no data
Seychelles	2019	100 (2017)	0.1	71.7
South Africa	2019	100 (2017)	1.7	73.3
United Republic of Tanzania (UR Tanzania)	2019	65	5 (2018)	87.3
Zambia	2019	90.6	2.3	80.4
Zimbabwe	2019	98.7 (2017)	2.5	88.8

Table 1: *Syphilis indicators in SADC member countries.*
data source: Global Health Observatory data _WHO (2019)

Discussion

Variations in the reporting years of STI data by countries remain a challenge. However, comparisons were made taking the data from the last year of reporting to WHO as the baseline. Noting the high syphilis positivity rates, screening all ANC attendees cannot be over-emphasised across SADC member countries, to make progress towards elimination of STI in the region. Considering the prematurity, low birthweight, neonatal death, stillbirth and infections in new-born babies as some of the negative impact of syphilis in pregnancy, ensuring treatment before 24 weeks can assist to reduce transmission to the foetus and lower neonatal morbidity and mortality rates. The WHO reported that only 35 reporting countries, in 2019, had treated over 95% of pregnant women [WHO 2018].

The use of a syndromic approach, and slow progress towards achieving STI 2020 goals by SADC countries have contributed negatively to health related sustainable development and UNAIDS (Joint United Nations Programme on HIV/AIDS) HIV fast-track goals to end AIDS

by 2030. Nonetheless, there are opportunities for consolidated efforts to strengthen health systems for improved services to prevent adverse maternal and neonatal outcomes. This will propel the SADC member countries towards STI prevention and control while leveraging the AIDS response UNDP 2021; WHO 2018.

Limitation of the Study

Some of the limitation of the study include the use of secondary data from WHO, that can have reporting bias, as some of the countries may not have submitted all data elements required by year for proper comparisons. However, the data submitted does provide some indication of the current status of syphilis screening and treatment in the SADC member countries.

Conclusion

This is the first comparison conducted in the region. Findings suggest low ANC screening for syphilis, high positivity rate and inadequate treatment access for women. It is important to raise awareness of syphilis testing and benefit to al pregnant women as well as condom use to reduce the risk of infection during pregnancy. Further, partners should also be tracked and treated to avoid re-infection of pregnant women. Therefore, health care workers that provide antenatal care should focus on informing ANC attendees about the risk factors for STI in particular syphilis and strategies to prevent mother to child transmission. Community health workers and birth attendants should be mentored on how to communicate information on syphilis at community level to raise awareness and facilitate referral of those at risk to access treatment early in order to avoid complications and impact on their children.

Conflict of Interest

The authors declare that they have no conflict of interest.

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Bibliography

1. WHO Global Health Observatory (GHO) data (2019).
2. Joint United Nations Programme on HIV/AIDS. Understanding fast track: Accelerating Action to end the AIDS epidemic by 2030. UNAIDS. Geneva, Switzerland (2021).
3. United National Development Programme. Goal 3: Good Health and Well-Being: Why it matters? UNDP, Geneva, Switzerland (2021).
4. World Health Organization. Report on global sexually transmitted infection surveillance, 2019. Geneva: WHO (2018).

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