



## FACTSHEET #1

# COMBATTING CONGENITAL SYPHILIS IS KEY TO IMPROVING MATERNAL, NEWBORN AND CHILD HEALTH

Realising Rights uses research to raise the profile of sexual and reproductive health and rights in developing countries. We work in partnership to find innovative solutions to the challenge of universal access.

## Introduction

Syphilis is a sexually transmitted infection. If left untreated it can lead to irreversible damage to the cardiovascular and nervous systems.

12 million people are infected with syphilis each year despite the means to prevent onward transmission, through the use of male and female condoms, and the existence of screening technologies and inexpensive treatment.

Syphilis can be transmitted to the unborn child via the placenta. Not all infants born to infected women will be infected but the risk of transmission is higher during the early stages of infection. Every year, at least half a million infants are born with congenital syphilis. In addition, maternal syphilis causes another half million stillbirths and miscarriages annually. The emotional distress caused by these events is unquantifiable and yet thoroughly avoidable.

Syphilis screening and treatment, with a single dose of penicillin, could be provided at relatively low cost. Even in low prevalence settings action on congenital syphilis is a highly cost effective intervention. Interventions in this area would also contribute to health system strengthening. Yet syphilis still constitutes a huge public health burden in many middle and low income countries, hampering our efforts to meet Millennium Development Goals 4 and 5 on child and maternal health and preventing many women from realising their sexual and reproductive rights.

## How can we prevent it?

The World Health Organisation has put in place a strategy of action to eliminate syphilis based around 4 pillars:

**Pillar 1** Ensure sustained political commitment and advocacy.

**Pillar 2** Increase access to, and quality of, maternal and newborn health services. Ensure that all pregnant women are screened and adequately treated, and decrease the frequency of missed opportunities for screening women outside maternal and newborn care.

**Pillar 3** Screen and treat pregnant women and their partners. Currently available diagnostic tests for syphilis are effective, affordable and require minimal logistic support. All infected women, and their partners, should be treated, as should infants born to infected mothers not treated during pregnancy.

**Pillar 4** Establish surveillance, monitoring and evaluation systems. Improve surveillance systems, develop indicators, and strengthen monitoring and evaluation systems.

## Why are we failing?

Lack of research on the prevalence and effects of maternal syphilis has meant that the scale of the problem has often not been appreciated.

There is an urgent need to scale up maternal health services. In the developing world, only an estimated 68% of pregnant women access antenatal care and among those that do the average time of first attendance is late at 5 to 6 months. By this time it is often too late to prevent the transmission of the infection to the foetus. Women may be inhibited from accessing antenatal care by the distance that they need to travel or other costs incurred.

Even where antenatal services are available a lack of knowledge and training coupled with stigma and embarrassment can mean that service providers are uncomfortable in dealing with sexually transmitted infections. In some settings the appropriate tests are unavailable. In addition there is little awareness of the interaction between syphilis and pregnancy on the part of communities which means service users are unlikely to demand testing and treatment.

## Areas for action

- ✓ Provide leadership in raising the profile of the issue

Use relevant policy opportunities to ensure congenital syphilis does not drop off the sexual

COMBATTING CONGENITAL SYPHILIS  
IS KEY TO IMPROVING MATERNAL,  
NEWBORN AND CHILD HEALTH

Realising Rights uses research to raise the profile of sexual and reproductive health and rights in developing countries. We work in partnership to find innovative solutions to the challenge of universal access.

and reproductive health, maternal health and health system strengthening agenda. Educate political leaders about the cost effective nature of action on congenital syphilis.

✓ **Frame action on congenital syphilis as a rights issue**

Women and men have the right to information, services and commodities to prevent syphilis and its onward transmission to protect their own health and that of their sexual partners and children. This should come with counselling and confidentiality.

✓ **Ensure the appropriate integration and linkage of health services, government departments and policy**

The elimination of congenital syphilis is an integral part of maternal and newborn health services. Linking with other health services, for example the prevention of mother-to-child transmission of HIV or malaria screening in pregnancy, as well as other reproductive health initiatives is of paramount importance. The government bodies and policies that guide this area should also be mindful of the importance of integrated services. This integration and linkage should form part of the health system strengthening agenda being pursued by many donors and policy makers.

✓ **Be guided by evidence**

Ensure that greater efforts are made to determine the burden of disease and support is given to countries so that they can identify and implement appropriate strategies. These strategies should be monitored and evaluated and learning used to improve performance.

## Useful resources

WHO, 2007, The Global Elimination of Congenital Syphilis: Rationale and strategy for action [http://www.who.int/reproductive-health/publications/congenital\\_syphilis/strategy\\_congenitalsyphilis.pdf](http://www.who.int/reproductive-health/publications/congenital_syphilis/strategy_congenitalsyphilis.pdf)

Schmid, G., Stoner, B.P., Hawkes, S. & Broutet, N., 2007. The Need and Plan for Global Elimination of Congenital Syphilis. Sexually Transmitted Diseases. 34 (7 Suppl.), p. 5-10.

Hossain, M., Broutet, N. & Hawkes, S., 2007. The elimination of congenital syphilis: a comparison of the proposed World Health Organization action plan for the elimination of congenital syphilis with existing national maternal and congenital syphilis policies. Sexually Transmitted Infections. 34 (7 Suppl), p. 22-30.



Produced in partnership with the DFID Research Programme Consortium for Research and Capacity Building in Sexual and Reproductive Health and HIV in Developing Countries

### Who are we?

The Realising Rights Research Programme Consortium is a partnership of five organisations. The consortium brings together epidemiologists, demographers, clinicians, social scientists, development specialists and service delivery organisations. You can find out more about our work by visiting our website [www.realising-rights.org](http://www.realising-rights.org). You can contact us through our coordinator [J.Vaghadia@ids.ac.uk](mailto:J.Vaghadia@ids.ac.uk). This factsheet was prepared by Kate Hawkins at the Institute of Development Studies.

### Our partners:

African Population and Health Research Center (Kenya), BRAC (Bangladesh), INDEPTH Network (Ghana), Institute of Development Studies (UK) and London School of Hygiene and Tropical Medicine (UK).

### Who supports us?

Realising Rights is a Research Programme Consortium supported by the UK Department for International Development (DFID). The views expressed here are not necessarily those of DFID.