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CONFRONTING INEQUITIES IN STI PREVENTION, DIAGNOSTICS AND CARE



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Title: Lessons learned from the introduction of Dual Rapid Diagnostic test (RDT) for HIV and syphilis testing and syphilis treatment for pregnant women during Ante Natal Care (ANC) visits in Ethiopia

Disclosure

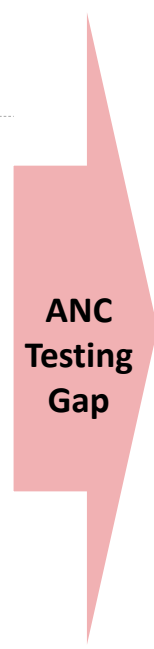
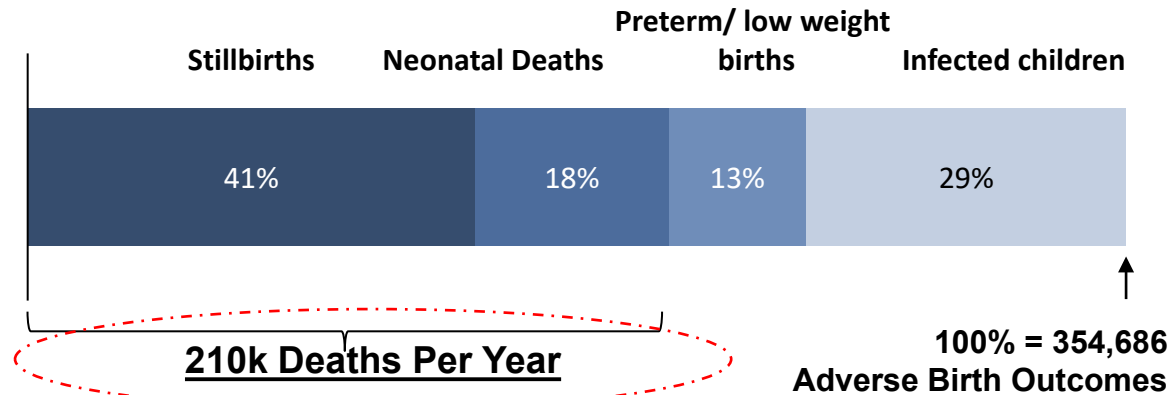
Any circumstances that could give rise to a potential conflict of interest related to the conference or topic under discussion	Name of company, organization or institution
Sponsorship	None
Payment or other financial remuneration	None
Shareholder rights	None
Other relations	None

Syphilis infections among pregnant women leads to ~355,000 adverse birth annually, 59% of which result in stillbirths or neonatal deaths

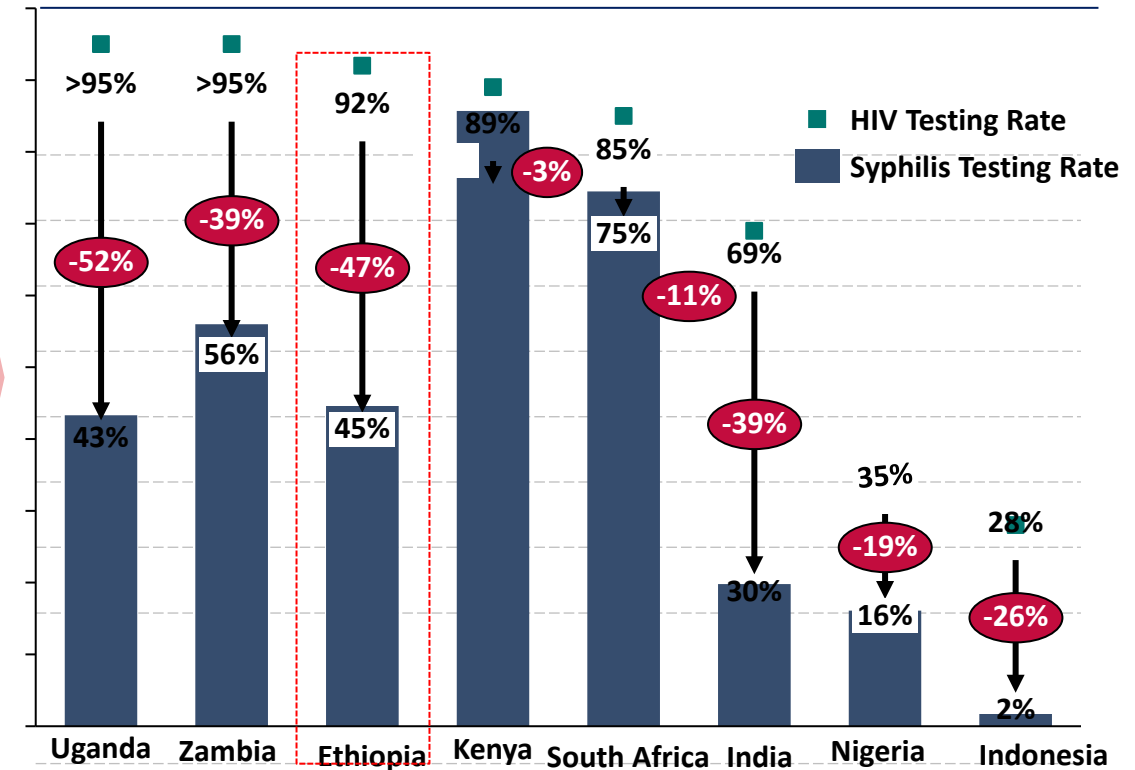
Global Burden

- Syphilis is the second leading infectious cause of stillbirths globally
- 11% stillbirths in sub-Saharan Africa (8% worldwide) are syphilis attributable

Adverse Birth Outcomes



Testing coverage for HIV & Syphilis in pregnant women that visit ANC in selected countries (2016-2018, %)



Syphilis Directly Impacts HIV Transmission

- A woman with HIV and syphilis is 2.5 times more likely to transmit HIV to her child compared to a woman without syphilis
- Syphilis results in ~210,000 stillbirths and neonatal deaths, HIV results in 120,000 child deaths

Screening for maternal syphilis during Antenatal Care is significantly lower than HIV testing- a missed opportunity

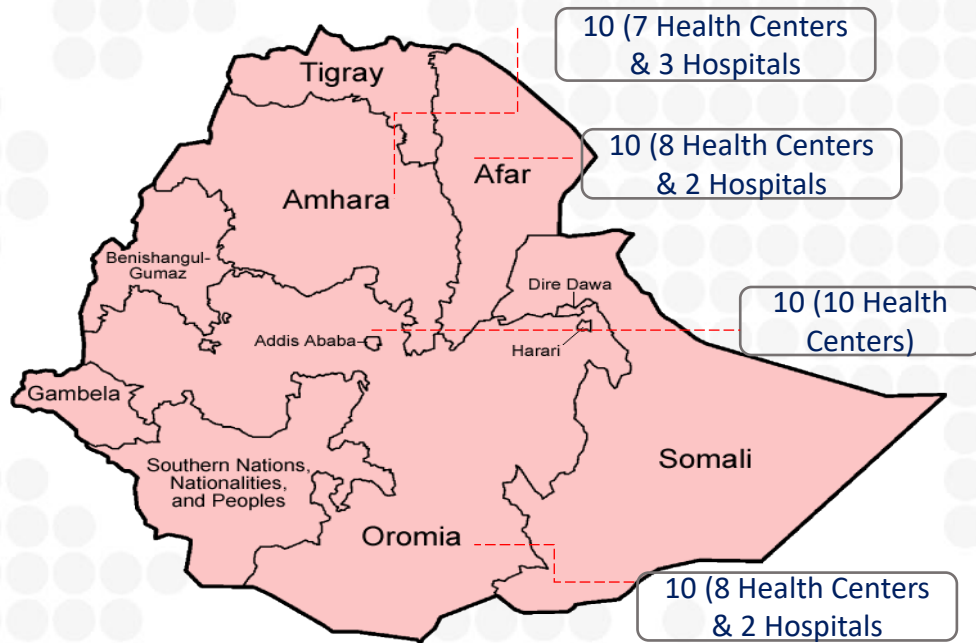
Despite Syphilis testing being included as part of the MOH Guidelines since 2016 syphilis testing amongst pregnant women remains low

Only 45% of PW were tested for syphilis in comparison to 92% for HIV during ANC

WHO data suggests 6,286 syphilis deaths in Ethiopia, accounting for 1.03% of total deaths (WHO, 2018)

Syphilis prevalence rate among pregnant women ranges from 0.90% to 2.10%

In Ethiopia, CHAI supported the Ministry of Health conduct a Dual RDT implementation pilot



Background:

- Prior to Project: As of 2019, only 45% of PW were tested for syphilis in comparison to 92% for HIV during ANC
- CHAI supported Government to implement pilots across 40 health facilities within three regions and one city administration

Key Activities:

- SOPs and registers were developed for Dual RDT and BPG use and data management
- CHAI provided orientation for managers from MOH and selected four regional health bureaus, EPHI and EPSA
- 159 HCWs were trained Dual RDT use and BPG administration

Key Achievements

14,146

97% of pregnant women attending ANC in the 40 pilot sites tested for HIV/syphilis within three months

0.6%

Syphilis positivity rate among PW tested during the pilot

95%

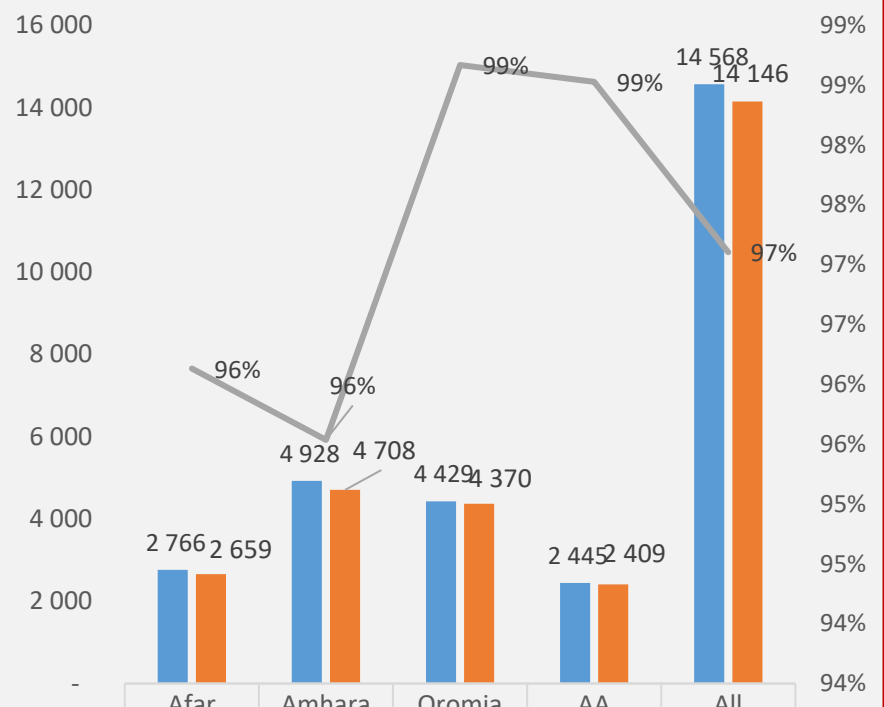
Percentage of syphilis positive pregnant women treated with BPG (overall treatment 98%)

75%

Partners of syphilis positive pregnant women who were tested (84% +ve)

Pilot Results: During the pilot, over 96% of pregnant women were tested across all 40 facilities covered

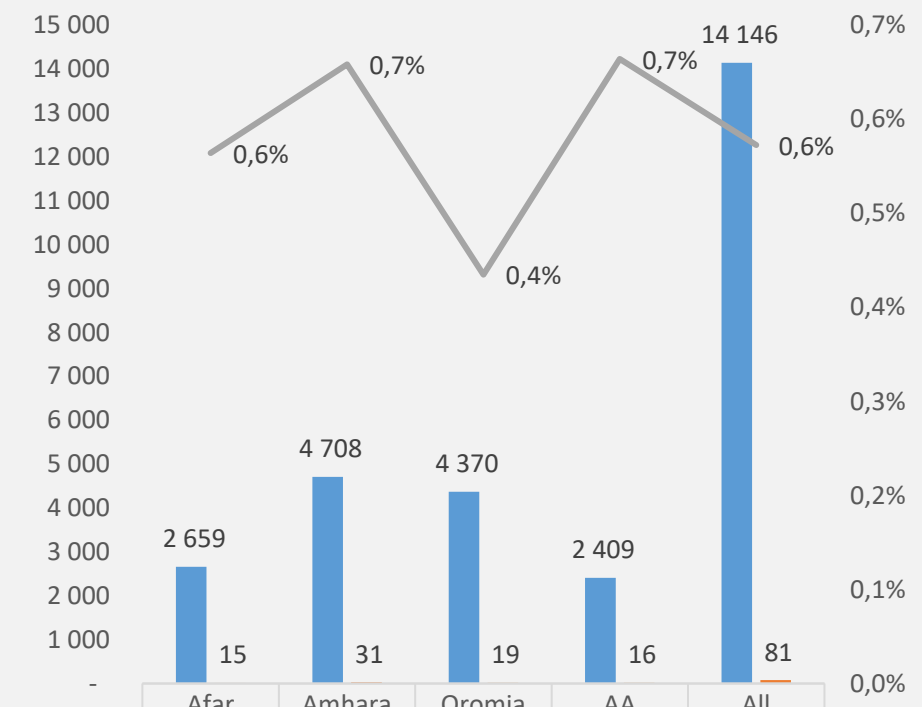
Syphilis testing from first ANC (n=40)



First ANC	2 766	4 928	4 429	2 445	14 568
Dual Syphilis testing	2 659	4 708	4 370	2 409	14 146
Syphilis testing from first ANC	96%	96%	99%	99%	97%

■ First ANC
 ■ Dual Syphilis testing
 — Syphilis testing from first ANC

Syphilis Positivity Rate (n=40)

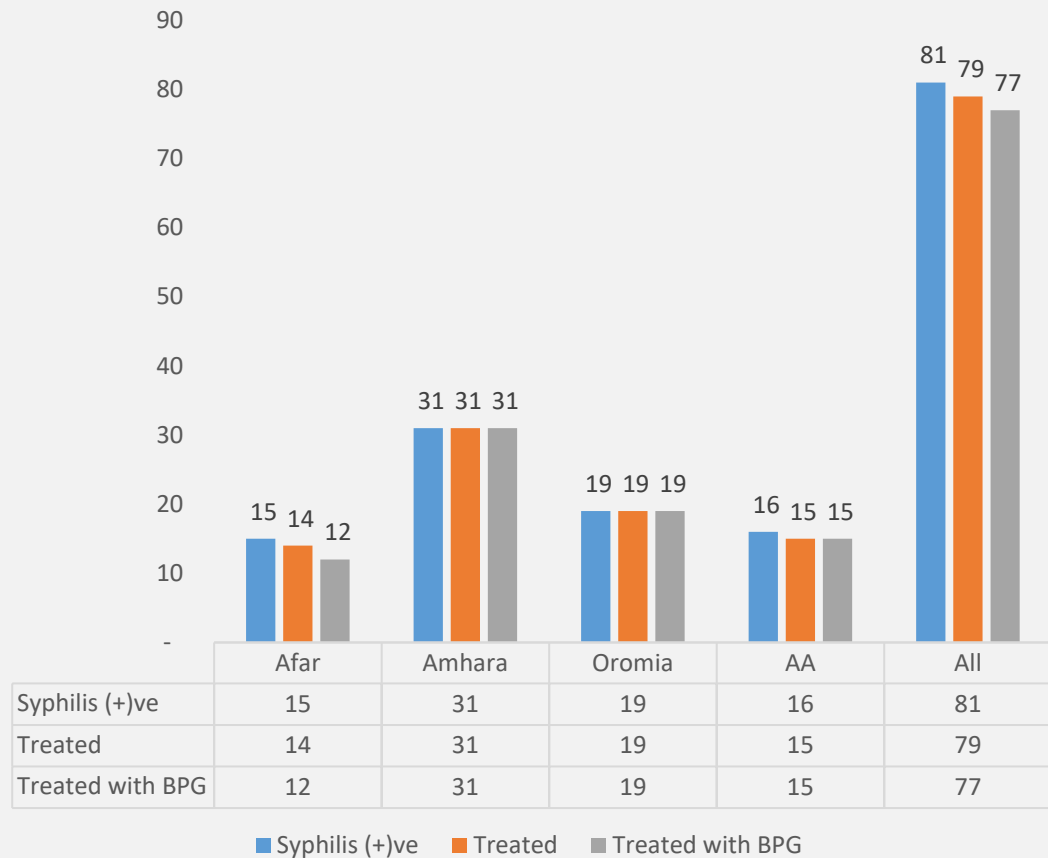


Dual Syphilis testing	2 659	4 708	4 370	2 409	14 146
Syphilis (+)ve	15	31	19	16	81
Positivity rate	0,6%	0,7%	0,4%	0,7%	0,6%

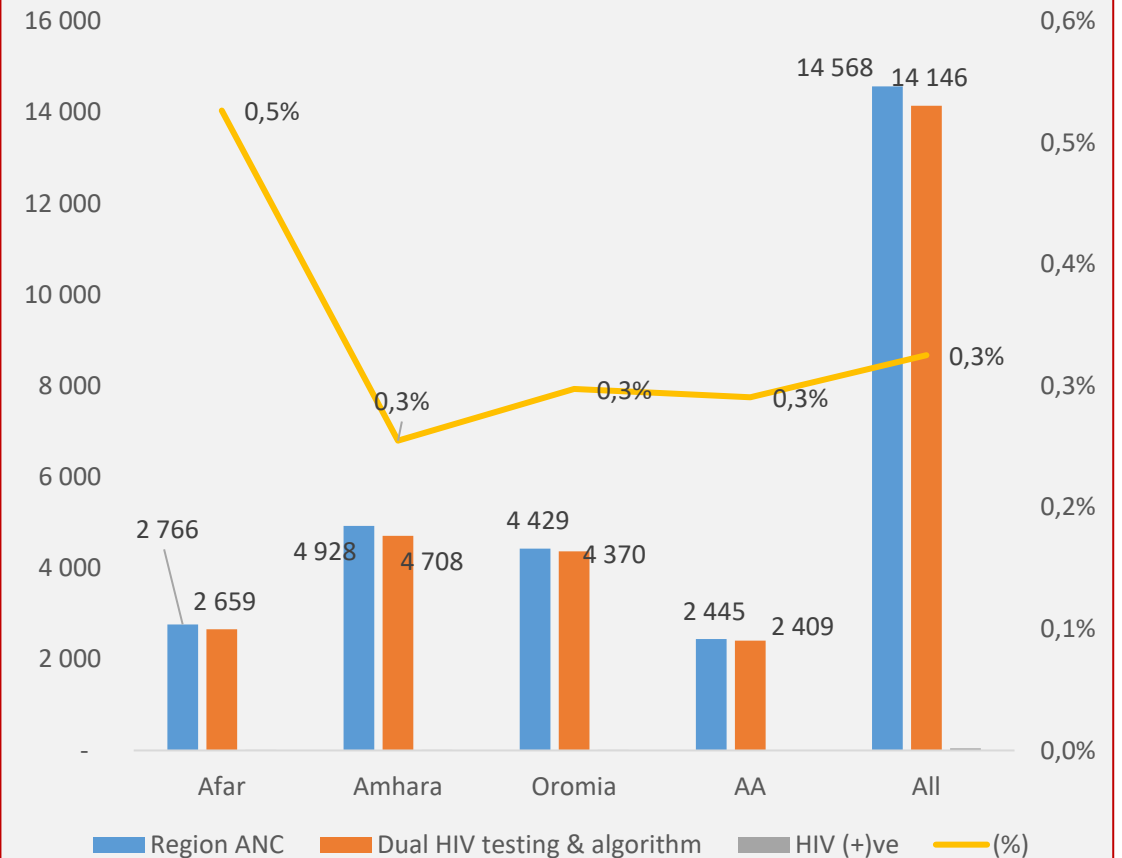
■ Dual Syphilis testing
 ■ Syphilis (+)ve
 — Positivity rate

Pilot Results: 98% of all positive pregnant women were treated, with 95% of women treated with BPG

Treatment rate (n=40)



Dual Syphilis/HIV testing and algorithm



Conclusion

- The pilot identified that the Dual HIV/syphilis tests, not only eliminates the time required for lab-based testing but also reduces the turnaround time for results return
- Further, the Dual RDT is simple to use, requires minimal resources and is thus easy to scale

Scale up of Dual HIV and syphilis testing and treatment will:

- i. Improve the quality, acceptability, and uptake of testing and treatment of syphilis and HIV in urban and rural areas
- ii. Accelerate the elimination of Mother to child transmission (MTCT) of syphilis and HIV
- iii. Reduce the results turnaround time, ensuring that women are placed on treatment in a timely manner resulting in more lives saved



Thank you

