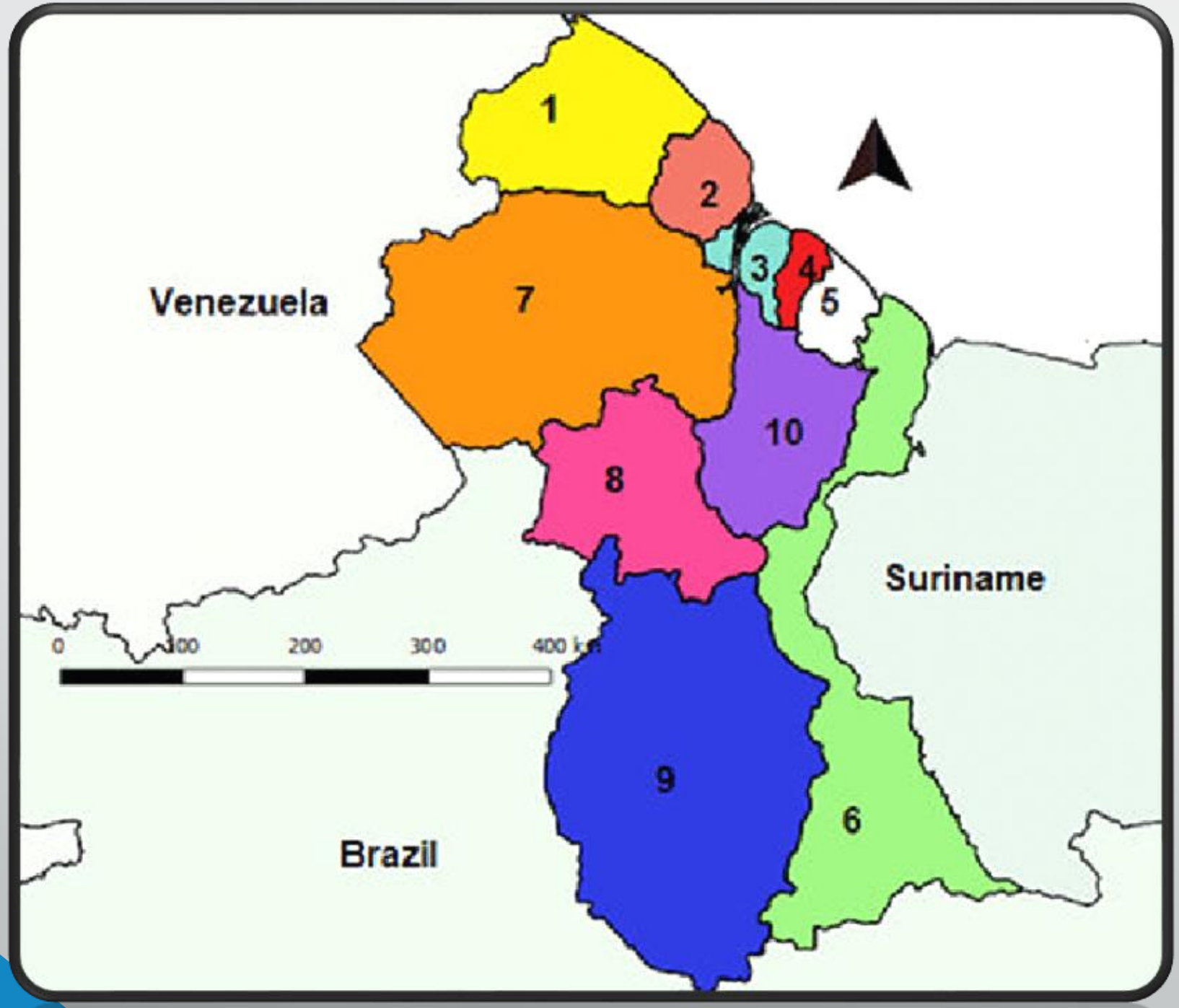
FROM DATA TO IMPACT -

Guyana's Journey Towards Elimination of Mother to Child Transmission of HIV and Syphilis

Elimination of Mother To Child Transmission


1
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Venezuela
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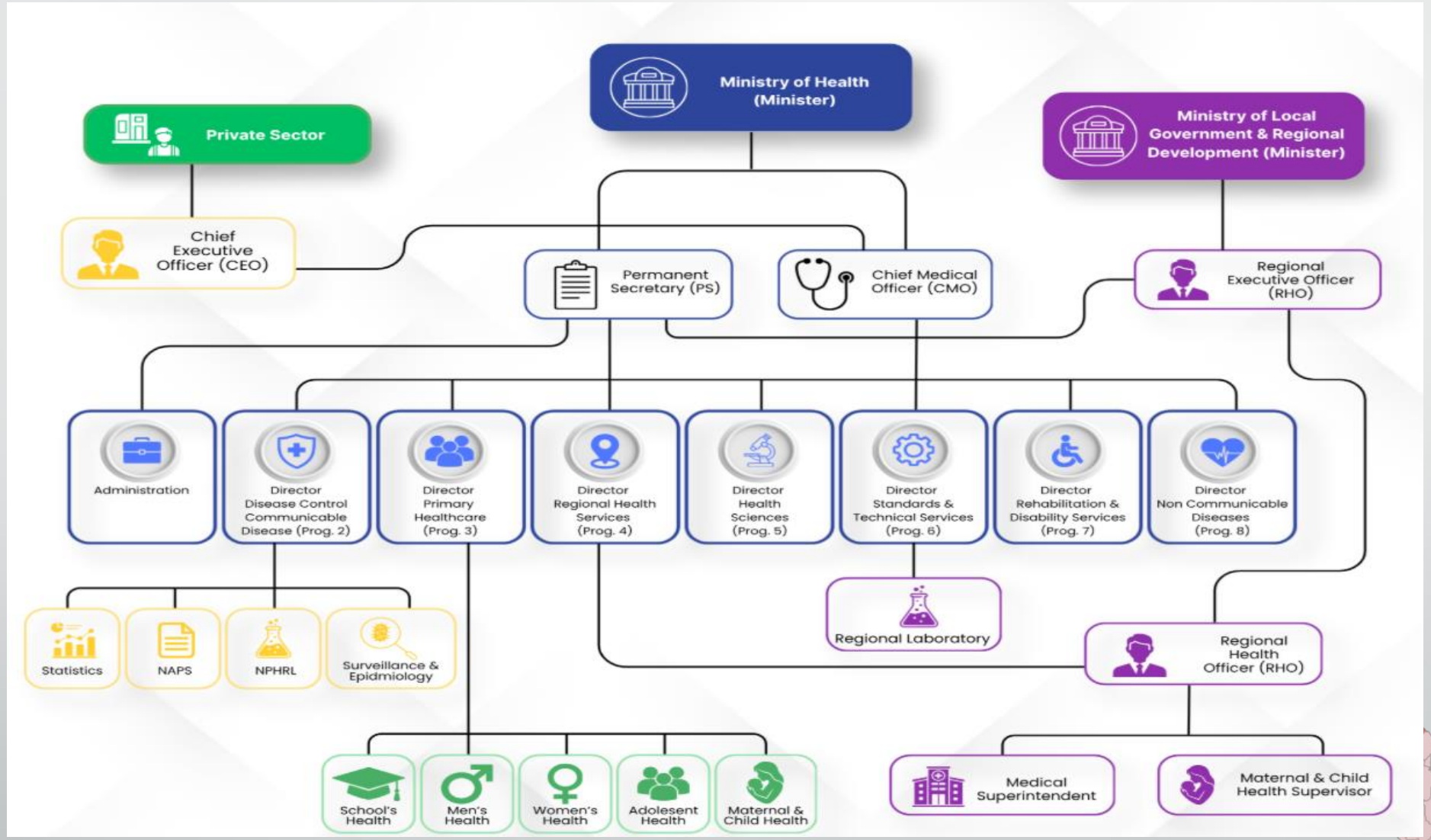

Ministry of Health (Minister)
Private Sector
Ministry of Local Government & Regional Development (Minister)
Chief Executive Officer (CEO)
Permanent Secretary (PS)
Chief Medical Officer (CMO)
Regional Executive Officer (RHO)
Administration
Director Disease Control Communicable Disease (Prog. 2)
Director Primary Healthcare (Prog. 3)
Director Regional Health Services (Prog. 4)
Director Health Sciences (Prog. 5)
Director Standards & Technical Services (Prog. 6)
Director Rehabilitation & Disability Services (Prog. 7)
Director Non Communicable Diseases (Prog. 8)
Statistics
NAPS
NPHRL
Surveillance & Epidmiology
Regional Laboratory
Regional Health Officer (RHO)
School's Health
Men's Health
Women's Health
Adolesent Health
Maternal & Child Health
Medical Superintendent
Maternal & Child Health Supervisor

Guyana's EMTCT approach (Policy Level)

1989

National Aids Programme established in 1989

1992

National Aids Programme Secretariat established in 1992

2000

Formal PMTCT Policy established in 2000

2001

PMTCT services started in 2001 as a pilot (8 Health Centers and 3 Hospitals) monitored by Presidential Commission

2006

Development of HIV Strategic Plan 2007-2011 and integration of PMTCT into MCH

2013

Development of HIVision Strategy

2021

Launch of NSP + Review of HIVision to include PrEP and a plan for Tripple Elimination

2024

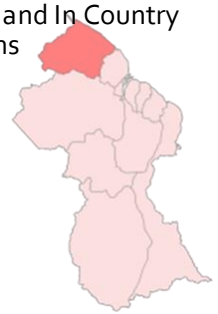
Pre-Assessment and mock validation

2025

MoH Compiles Country Report and requests formal validation assessment

2026

Virtual and In Country Missions



Guyana's EMTCT approach (Programme Level)

1. primary prevention of infection among women of childbearing age;
2. preventing unintended pregnancies among infected women;
3. preventing transmission from an infected woman to her infant; and
4. providing appropriate treatment, care and support to infected mothers, their children and families

Guyana's EMTCT approach (Package of Services)

Testing for HIV, syphilis and HBV in antenatal care clinics;

Prompt and efficacious interventions to treat women who test positive, and to prevent transmission of the infection(s) to their children;

Counselling for women and their partners to reduce transmission risk and ensure appropriate treatment;

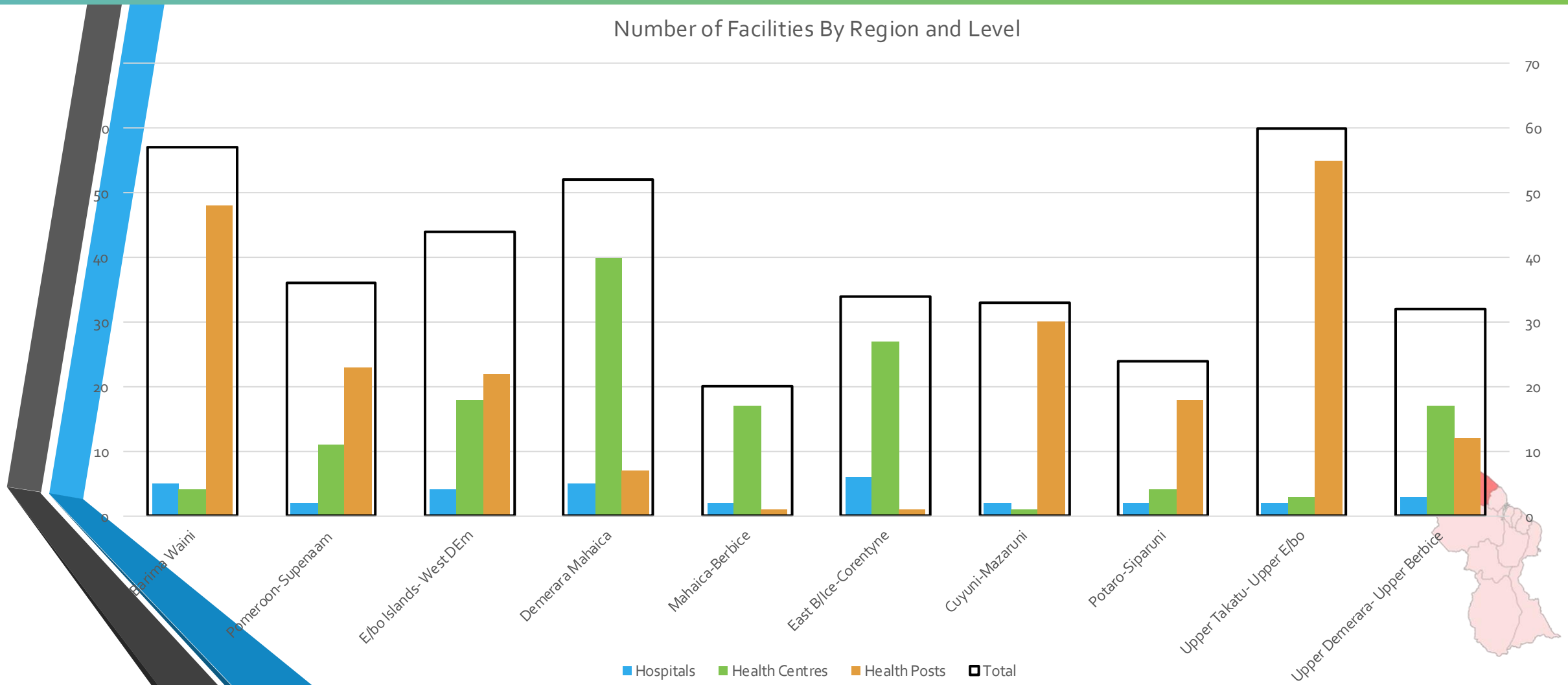
Appropriately attended, safe delivery;

Appropriate follow-up of exposed infants, including HBV vaccine birth dose;

Optimal infant feeding including support for Breast Milk Substitute

Lifelong treatment and care for mothers living with HIV, or eligible for treatment for HBV or syphilis.

Guyana's EMTCT approach (Service Outlets)



Guyana's EMTCT Integrated Data Flow Pathway

Standardized procedure for tracking and managing maternal-infant pairs for the elimination of mother-to-child transmission (EMTCT) of HIV, Syphilis, and Hepatitis B

Initial Identification

Integrated testing for HIV, Syphilis, and Hepatitis B

Standardized screening for all 3 diseases to initiate immediate care and tracking.

Referral and Clinical Enrollment

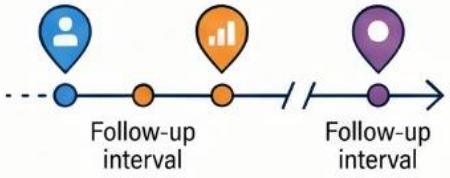
Immediate Enrollment or Referral

Positive cases are immediately enrolled on-site or referred to specialized treatment facilities.

Longitudinal Tracking

Continuous Maternal Surveillance

Case trackers monitor the case and her contacts throughout miscarriage, stillbirth, or birth.



National Data Flow and Reporting

Standardized Reporting Deadlines

Reports must be submitted by the 3rd day of each month to the MOH MCH Department.

Multi-layered Quality Review

Regional and national units verify data for completeness and de-duplication before digitization.

18-Month Infant Follow-up

Tracking continues for exposed infants until final status is determined at 18 months.

Ministry of Public Health, Guyana
PMTCT Intake Form for Pregnant Women

Version 1
June 20

Reporting Date (D D M M Y Y)
Name of Reporting Facility
Name of Reporting Person
Name of Case Manager
Case Manager's Contact

I. Information on Pregnant Woman / Mother (ANC, L&D and Post-natal)

MCH Code of Pregnant woman / Mother
Name of Pregnant woman / Mother
Address of Pregnant woman / Mother
Pregnant woman / mother's date of birth (D D M M Y Y)
First tested HIV positive during this pregnancy — Yes ☐ No ☐
If yes, when tested HIV positive — ANC ☐ Labour ☐ Post-partum ☐
Current Status — In Care ☐ Lost to follow-up ☐ Died ☐
If died, date of death (D D M M Y Y)
Date first tested HIV positive (D D M M Y Y)

II. ANC Section

Expected Date of Delivery (D D M M Y Y)
Name of Care and Treatment site attending
Date enrolled at ART Care and Treatment (D D M M Y Y)
Date started ARV (D D M M Y Y)
Type of ARV administered — Prophylaxis ☐ Treatment ☐
Treatment Regimen — No ARV administered ☐
Treatment Regimen

Partner's HIV Status — Positive ☐ Negative ☐ Not Tested ☐
If partner is HIV positive, is he enrolled in care and treatment? Yes ☐ No ☐
Number of child(ren) excluding current pregnancy

For all biological children:

Child's DOB	HIV test result	Enrolled in Care and Treatment?
	Positive / Negative / Not tested	Yes / No
	Positive / Negative / Not tested	Yes / No
	Positive / Negative / Not tested	Yes / No
	Positive / Negative / Not tested	Yes / No
	Positive / Negative / Not tested	Yes / No

III. Information at Delivery (L & D only)

Name of delivery facility

Mother
Date of Delivery (D D M M Y Y)
Received Antenatal care during this pregnancy? Yes ☐ No ☐
If yes, number of ANC visits prior to delivery
Received ARVs prior to delivery? Yes ☐ No ☐
ARV regimen administered — Single dose NVP ☐ Single Dose NVP and 6 weeks of AZT + 3TC ☐ on HAART ☐ Other ☐
Delivery Outcome (Mother) — Live ☐ Died ☐

Neonate
Neonate Status — Live birth ☐ Miscarriage ☐ Still born ☐
When was the ARV regimen administered at birth?
Single Dose NVP and 6 weeks of AZT ☐
Single Dose NVP at birth ☐
No treatment ☐
Reason for sdNVP / no treatment
When was ARV administered for neonate? Within 72 hours of birth ☐ More than 72 hours of birth ☐
Infant feeding method after delivery — Exclusive BMS ☐ Exclusive Breastfeeding ☐ Mixed Feeding ☐

Right after her delivery, please submit this form to:
PMTCT Program, Ministry of Public Health, Lot 1 Brickdam, Georgetown. Guyana

Ministry of Health, Guyana
PMTCT Form for Exposed Infants and Mother (Post-delivery)

Version 1.1
June 2011

Reporting Date (D D M M Y Y)
Name of case manager
Name of Child Care Clinic
Case Manager's Contact

I. Information of Infant

Mother's name (First name, Last name)
Infant's Code
Infant's name (First name, last name)
Date of child care enrollement (D D M M Y Y)
Sex of Infant — Male ☐ Female ☐
Current Status — In care ☐ Did not enroll in care ☐ Lost to follow up ☐ Died ☐
Infant's date of birth (D D M M Y Y)

II. Post-delivery (Mother and Infant)

Mother
Date enrolled in post-natal care
Mother still attending HIV care and treatment? Yes ☐ No ☐
ARV regimen currently administered for mother
Delivery Site — Hospital ☐ Health clinic ☐ Home ☐ Other
If died, date of death (D D M M Y Y)

Infant
Infant's date of CTX initiation (D D M M Y Y)
Infant feeding method at 3 months of age — Exclusice BMS ☐ Exclusice Breastfeeding ☐ Mixed feeding ☐
No CTX administered ☐

III. HIV Virology Test and Repeat Testing (Infant)

Has the exposed infant received a DBS test? Yes ☐ No ☐
Date of DBS specimen collected (D D M M Y Y)
Where was DBS collected
Date DBS result received by clinic (D D M M Y Y)
Did mother receive DBS result? Yes ☐ No ☐
Result of DBS test — Pos ☐ Neg ☐ Rej ☐
If positive , confirmatory DBS completed? Yes ☐ No ☐
Date of confirmatory DBS test (D D M M Y Y)
Result of confirmatory DBS test — Pos ☐ Neg ☐ Rej ☐

IV.HIV positive infants

If HIV positive, is the infant enrolled in HIV Care and Treayment? Yes ☐ No ☐
HIV Care and Treatment site
Date of ARV therapy initiation (D D M M Y Y)

When infant reached 3 months of age, submit the form with the above completed sections to:
PMTCT Program, Ministry of Health, Lot 1 Brickdam, Georgetown, Guyana

V. HIV exposed Infants- virology tested negative (At 18 months / if child dies)

If HIV virology test was negative, date of serology test: (D D M M Y Y)
Result of Serology test — Pos ☐ Neg ☐ No serology test conducted ☐ Reason

VI.Exit Cohort

What is the status of the child at 18 months? Alive - still in child care ☐ Unknown - lost to follow up ☐ Died ☐ Died of death (D D M M Y Y)
Has the child received the appropriated EPI vaccinations? Yes ☐ No ☐
If esposed infants is HIV postive, is he / she still receiving HIV care and treatment? Yes ☐ No ☐

When infant reached 18 months of age, submit the form with the aboved= completed sections to:
PMTCT Ptogram, Ministry of Health, Lot 1 Brickdam, Georgetown, Guyana

MINISTRY OF HEALTH
Maternal Child Health/PMTCT
Maternity Ward (L&D) Monthly Monitoring Report

Facility:_____ Month of Report _____ Year of Report_____

Region:_____ Date Form completed_____

SECTION 1 - GENERAL INFORMATION		TOTALS
1	Total Number of women who delivered this month	
2	Total number of births for the month	
3	Total number of live births for the month	
SECTION 2 - INFORMATION ON DELIVERIES BY HIV POSITIVE WOMEN WITH KNOWN HIV STATUS		**TOTALS**
4	Number of HIV positive women who delivered	
5	Number of live births to HIV positive women	
6	Number of HIV exposed infants who received Rx at Birth	
7	Number of HIV exposed infants who initiated Breast Feeding OR BMS (Breast Milk Substitute)	
SECTION 3 - INFORMATION ON WOMEN TESTED FOR HIV DURING LABOUR WITH UNKNOWN HIV STATUS		**TOTALS**
8	Number of women with previously unknown HIV status on the labor ward who delivered	
9	Number of women tested for HIV on the labour ward	
10	Number of women who were tested, counselled and received their results on the labour ward for the first time this pregnancy	
11	Number of women with previously unknown Syphilis status on the labour ward who delivered	
12	**Number of women with previously unknown Hepatitis B status on the labour ward who delivered**	
13	**Number of women tested for Syphilis on the labour ward**	
14	Number of women tested for Hepatitis B on the labour ward	
15	Number of women who tested Syphilis reactive for first time on the labour ward and delivered	
16	Number of women who tested Hep B positive for first time on the labour ward and delivered	
17	Number of women who tested HIV positive **for the first time** on the labour ward and delivered	
18	Number of Live Births to women who tested HIV positive for the first time on the labour ward	
19	Number of HIV positive women who received NVP/AZT during labour	
20	Number of HIV positive women who received NVP/AZT	
SECTION 4 - INFORMATION ON WOMEN TESTED FOR HIV POSTNATALLY		**TOTALS**
21	Number of women tested for HIV on the Post Natal Ward	
22	Number of women tested for Hep B on the Post Natal Ward	
23	Number of women tested for Syphilis the Post Natal Ward	
24	Number of women who were tested, counselled and received results **for the first time this pregnancy**	
25	Number of women who tested HIV positive **for the first time** on the Post-Natal ward with live births	
26	Number of women who tested Hepatitis B positive **for the first time** on the Post-Natal ward with live births	
27	Number of women who tested Syphilis positive **for the first time** on the Post-Natal ward with live births	
28	Number of women tested HIV positive **for the first time** on the Post Natal Ward	
29	Number of women tested Syphilis positive **for the first time** on the Post Natal Ward	
30	Number of women tested Hepatitis B positive **for the first time** on the Post Natal Ward	

Name of the person compiling the report:_____

Signature:_____ Title:_____ Date:_____

Approved by:_____

REVISED May, 2023

MINISTRY OF HEALTH
Maternal Child Health/PMTCT

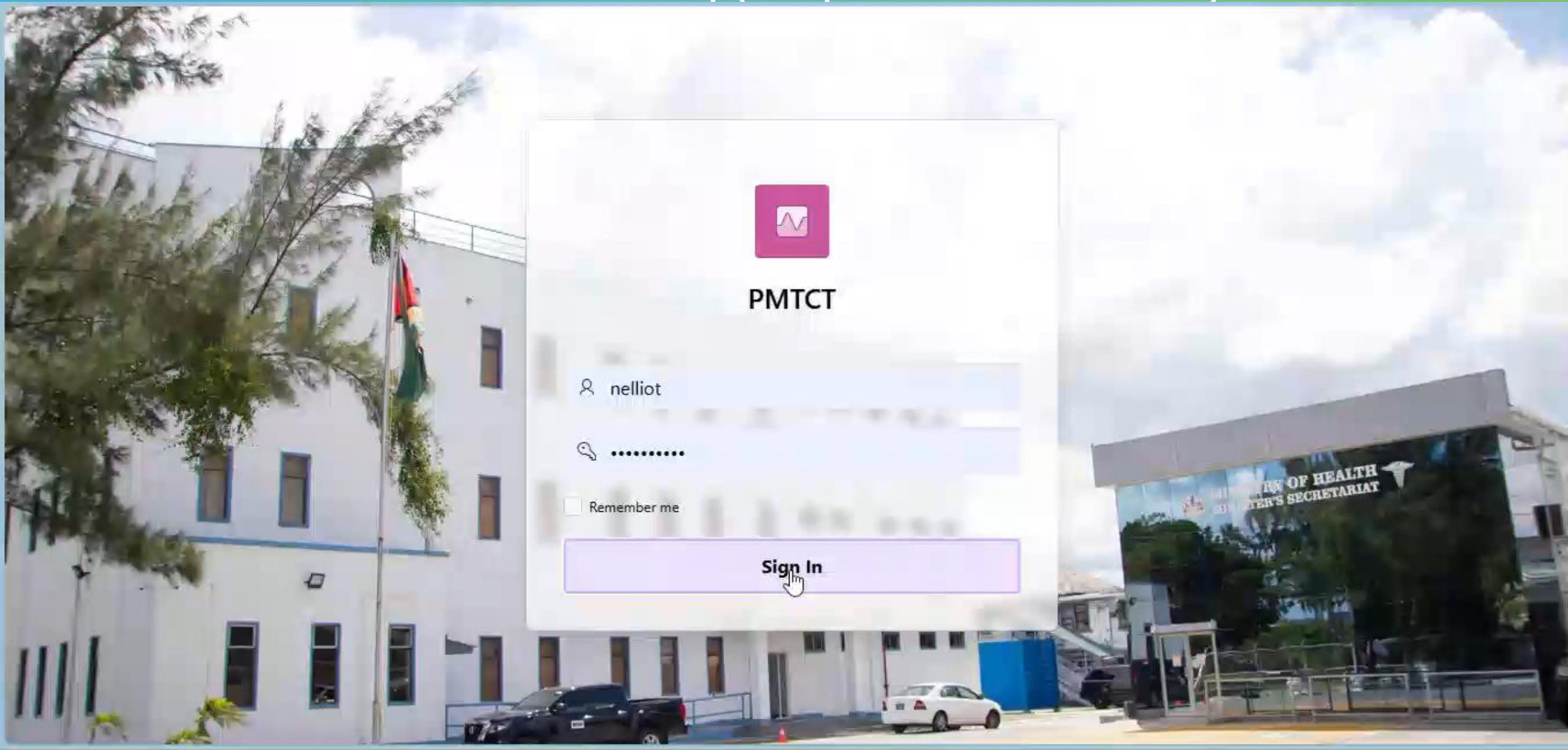
ANTENATAL & POSTNATAL PMTCT Monthly Monitoring Report		
NAME OF FACILITY:		**REGION:**
MONTH OF REPORT:		**YEAR OF REPORT:**
SECTION 1 - ANTENATAL CLINIC (PMTCT)		
1.2.1	**Total number of new admissions attending clinic for the month**	
1.2.1a	Number of new admissions aged **15 - 19** yrs attending clinic for the month	
1.2.1b	Number of new admissions aged **20 - 24** yrs attending clinic for the month	
1.2.1c	Number of new admissions aged **≥25 yrs** attending clinic for the month	
1.2.2	Number of new admissions who are **known HIV** positive at entry	
1.2.3	Number of **new admissions** tested for HIV **for the first time** this pregnancy	
1.2.4	Number of new admissions tested for Hep B	
1.2.5	Number of new admissions tested for Syphilis	
1.2.6	Number of revisits tested for Syphilis **for the first time** this pregnancy	
1.2.7	Number of **revisits** tested for HIV **for the first time** this pregnancy	
1.2.8	Number of **women** who received HIV results and post-test counselling **for the first time** this pregnancy	
1.2.9	Total number of **women** tested HIV positive **for the first time** this pregnancy	
1.2.10	Number of women aged **15 - 19** yrs tested HIV positive for the first time	
1.2.11	Number of women aged **20 - 24** yrs tested HIV positive for the first time	
1.2.12	Number of women aged **≥25 yrs** tested HIV positive for the first time	
1.2.13	Number of new admissions tested positive **for the first time** this pregnancy for **Hep B**	
1.2.14	Number of new admissions tested **reactive for the first time** this pregnancy for **Syphilis**	
1.2.15	Number of women **re-tested** for HIV **between 32-34 weeks** this pregnancy	
1.2.16	Number of women **re-tested** for Hep B between **32 -34 weeks** this pregnancy	
1.2.17	Number of women **re-tested** for syphilis between **32 -34 weeks** this pregnancy	
1.2.18	Number of women tested HIV positive **for the first time between 32-34 weeks** this pregnancy	
1.2.19	Number of couples who were counselled and tested together, and disclosed HIV status to each other	
1.2.20	Number of women tested positive for Hep B **for the first time between 32 - 34 weeks** this pregnancy	
1.2.21	Number of women tested reactive for Syphilis **for the first time between 32 - 34 weeks** this pregnancy	
1.2.22	Number of partners of pregnant women tested for HIV (alone, not as a couple)	
1.2.23	Number of partners of pregnant women tested HIV positive	
1.2.24	Numbers of partners of pregnant women tested for Hep B	
1.2.25	Numbers of partners of pregnant women tested for syphilis	
1.2.26	Number of partners of pregnant women tested Hep B positive	
1.2.27	Number of partners of pregnant women tested syphilis reactive	
1.2.28	Number of women attending ANC services with a reactive syphilis serology and who received three doses of Benzathine penicillin 2.4 Mu intramuscularly	
SECTION 2- POSTNATAL AND CHILD CLINIC (PMTCT)		**TOTAL**
2.1	Number of HIV exposed infants enrolled in the clinic **for the first time this month**	
2.2	Number of HIV exposed infants exclusively breastfeeding **at admission**	
2.3	Number of HIV exposed infants using only breast milk substitutes **at admission**	
2.4	Number of HIV exposed infants exclusively breastfeeding **at 3 months**	
2.5	Number of HIV exposed infants using only breast milk substitutes **at 3 months**	
2.6	Number of HIV exposed infants started on Co-trimoxazole (Septrin) **by 2 months of age**	
2.7	Number of HIV exposed infants **< 2 months of age** received DBS test **for the first time**	
2.8	Number of HIV exposed infants **< 2 months of age** confirmed HIV positive **for the first time**	
2.9	Number of HIV exposed infants **between 2 and < 12** months of age received DBS test **for the first time**	
2.10	Number of HIV exposed infants **between 2 and < 12** months of age confirmed HIV positive **for the first time**	
2.11	Number of HIV exposed infants **18 months of age** tested for HIV **for the first time**	
2.12	Number of HIV exposed infants **18 months of age** confirmed HIV positive **for the first time**	
2.13	Number of live infants tested positive for Hep B at birth	
2.14	Number of live infants tested reactive for Syphilis at birth	

Report Prepared by:_____ **Date Report Prepared (dd/mm/yyyy):**_____

Report Submitted by:_____ **Date Report Submitted (dd/mm/yyyy):**_____

Revised:06/28/2010

EMTCT Monitoring (Digital Innovations)



	REGION	FACILITY	PUID	PMTCT Code #	DATE ADDED TO SYSTEM	DATE DIAGNOSTIC TEST REQUEST	DATE OF MATERNAL HIV DIAGNOSIS TEST RESULT		DIAGNOSIS TURNAROUND TIME	DATE OF ENROLLMENT INTO CARE AND TREATMENT	DX - RX DELAY	PREVIOUSLY KNOWN MATERNAL CLIENT
	Region4EBD	Grove HC	SAHF22032005	MCCR 1582	28-Oct-2025	1-Apr-2025	1-Apr-2025			1-Apr-2025		Defaulting - Previou
	Region4EBD	Grove HC	TSGF15032001	MCCR1725	23-Jan-2025	3-Mar-2020	2-Oct-2020		213	22-Feb-2020	-223	Adherent - Previous
	Region4EBD	Grove HC	KKJF09041996	MCGR 3052	24-Jan-2025	11Feb 2021	11-Feb-2021		0	7-Dec-2021	299	Dx at this pregnanc
	Region4EBD	Grove HC	A1MF24092002	MCGR 3081	25-Jan-2025	18-Sep-2024	19-Sep-2024		1	15-Oct-2024	26	Dx at this pregnanc
	Region4EBD	Grove HC	K1AF01112000	MCGR 2626	23-Jan-2025	14-Dec-2021	28-Dec-2021			28-Dec-2021		Defaulting - Previou
	Region4GT	North East LaPenitance	YVMF12112000	MCNE1098	26-Jan-2025	17-Dec-2024	19-Dec-2024		2	14-Jan-2025	26	Syphilis Only
	Region3	Vreen En Hoop HC	S1SF24112001/S	MCVH3229	27-Jan-2025	11-Dec-2024	11-Dec-2024		0	26-Nov-2024	-15	Dx at this pregnanc
	Region3	Vreen En Hoop HC		MCVH3876	28-Jan-2025	10-Oct-2022	10-Oct-2022		0			Adherent - Previous
	Region3	Vreen En Hoop HC		MCTC556	29-Jan-2025	19-Sep-2020	19-Sep-2020		0	22-Oct-2019	-333	Adherent - Previous
	Region3	Vreen En Hoop HC	D1BF14112004	MCLG 1097	11-Sep-2025	4-Oct-2022	4-Oct-2022			18-Nov-2022		Adherent - Previous
	Region3	Vreen En Hoop HC	OMJF21021991	MCZE459	30-Jan-2025	12-Feb-2024	12-Feb-2024		0	12-Feb-2024	0	Adherent - Previous
	Region6	New Amsterdam HC	M1SF27111992	MCLL125	31-Jan-2025	9-Sep-2024	17-Sep-2024		8	11-Jan-2024	-250	Dx at this pregnanc
	Region4Municipality	Dorothy Bailey HC		MCDB 4716	2-Feb-2025	15-Jul-2015	20-Jul-2015		5	22-Feb-2016	217	Adherent - Previous
	Region6	New Amsterdam HC	T1WF18121999	MCAW 879	17-Mar-2025	18-Feb-2023	14-Mar-2023		24	24-Apr-2023	41	Adherent - Previous
	Region4EBD	Grove HC	S1EF22082007	MCHD 629	17-Mar-2025	11-Feb-2025	17-Feb-2025		6	28-Feb-2025	11	Adherent - Previous
	Region4GT	East LaPenitance HC	N1WF11101997	MCEL 870	17-Mar-2025	13-Feb-2019	13-Feb-2019		0	20-Mar-2019	35	Adherent - Previous
	Region4GT	East LaPenitance HC	TACF19061993	MCLD 398	4/8/2011	9-Aug-2017	8-Sep-2017			8-Sep-2017		Adherent - Previous

EMTCT Monitoring

M and E Objective: To systematically track the delivery, coverage, and quality of EMTCT services across all regions in Guyana for the purpose of guiding policy makers and providing feedback to service providers [leading up to and after validation]

Specific Objectives:

1. Track Progress towards Validation targets
2. Support validation documentation
3. Ensure quality of services
4. Identify gaps and recommend towards corrective measures

EMTCT Monitoring (Key Indicators)

INDICATOR	TARGET	Data Source (Public and Private)	Measurement Method
1. Number of women receiving antenatal services	100%	Monthly PHC reports	Numeric count
2. HIV prevalence among women (pregnant and postnatal) (New and Known Positives/Total Population)	≤2%	PMTCT Monthly Report	No of new cases/ Total No of ANC admissions for the month
3. HBsAg prevalence in ≤5-year-olds*	≤0.1% OR 90% Reduction compared to 2015	PMTCT Monthly Report Monthly EPI Report Monthly PHC report	Guyana supports Hep B-BD with Hep B x3 as a follow up on its national immunization schedule As such, Hep B Elimination is measured as a product of Immunization
4. Antenatal Testing coverage (HIV, Syphilis and Hep B)	≥ 95%	Monthly PMTCT Report	Number of Women who were tested/ Total antenatal Admissions
7. % ART Coverage of HIV Positive Pregnant Women	≥95%	Facility visits and Data extracted from each Positive Pregnant woman Care and RX chart	Total Number of HIV infected women on RX / Total no of HIV pos admissions
8. % Adequate treatment coverage in syphilis positive pregnant women	≥95%	Facility visits and Data extracted from each Positive Pregnant woman Care and RX chart	Total Number of Syphilis infected women who had 4-fold reduction in titration / Total no of Syphilis reactive admissions treated
9. % of HepB infected women eligible that are covered with antiviral treatment*	≥90%	_PMTCT Monthly Report	_

EMTCT Monitoring (Key Indicators)

10. Annual HIV MTCT Rate a. at 2 months b. at 6 months c. at 18 months	≤ 2%	Reference Lab DBS Database Labour and Delivery PMTCT Report	Total Number of RNA Detected DBS infants in a year cohort / total Number of exposed infants in that year
11. Annual rate of congenital syphilis per 1000 live births	≤0.5 per 1000 LB	Reference Lab Syphilis Report Labour and Delivery PMTCT Report	Total Number of Syphilis reactive infants in a year cohort / total Number of syphilis exposed infants in that year
12. Annual MTCT rate of Hep B*	≤ 2%	Monthly EPI Report Monthly PHC report	Guyana supports Hep B-BD with Hep B x3 as a follow up on its national immunization schedule. As such, Hep B Elimination is measured as a product of Immunization
13. Newborn vaccination coverage with Hep B Vaccine	≥95%	Monthly EPI Report Monthly PHC report	Direct Report
14. Infant vaccination coverage with 3-dose Hep B (Pentavalent)	≥95%	Monthly EPI Report Monthly PHC report	Direct Report
15. % Unsafe injections	0%	Environmental Health	Direct Report -
16. % Blood safety	100%	Blood Bank	Direct Report - Blood Bank

EMTCT Monitoring (Data Sources and Tools)

1. **Standardized EMTCT Monthly Reports (Antenatal and L&D)**
2. Client Antenatal Records
3. HIV Testing Log
4. ART Patient Record
5. Infant Follow-Up Card
6. Community-Based Health Records and Referral Documents
7. Monthly Facility-Level Primary Healthcare (PHC) Reporting
8. Monthly Facility-Level Expanded Programme on Immunization (EPI) Reporting
9. Antenatal Register
10. **Exposed Infant Register**
11. **CASE MONITORING**

EMTCT Monitoring (Digital Innovations)

1. EMTCT reporting database with mobile app
2. Online Google Sheets Live Line Listing and Tracking
3. Real-time dashboards
4. WhatsApp support group (in collaboration with NAPS)

EMTCT Monitoring (Data Quality Assurance)

1. **Routine**
   a. Routine Data Audits - National and Regional (Quarterly)
   b. Use of Data Triangulation to Ensure Accuracy (Monthly)

2. **Other techniques**
   a. On-Site Competency-Based Training and Supportive Supervision (per schedule)
   b. Capacity-Building Sessions for Healthcare Workers on Reporting and Management (as needed)

EMTCT Monitoring (Reporting)

Methods of Reporting

1. Monthly and quarterly reports submitted to regional and national health offices
2. Data visualization dashboards for real-time monitoring
3. Client Tracking Tool and Line Listing
4. Feedback loops to improve service delivery
5. Transmission reporting form (For positive cases)

EMTCT Evaluation (Strategies)

Evaluation methods

1. Mid-Cycle and End-of-Cycle Evaluation Meetings
2. Operational Research
3. Multidisciplinary Case Investigations of Positive Cases
4. Inter- Regional Collaboration

EMTCT Programme (Strengths)

1. Political buy in + will
2. Horizontal and diagonal integration
3. Strong framework for MCH (CHW's) and NAPS
4. Documented guidelines for:
    a. Treatment of HIV, Syphilis and Hepatitis B
    b. Training
    c. Monitoring and Evaluation
5. Central coordination by MCH/PMTCT Unit
6. Facility-level tracking and accountability

EMTCT Programme (Challenges)

1. Late presentation in ANC (Cultural)
2. Delays in lab-lab communication
3. Loss to follow-up postpartum
4. Partner involvement
5. Staff retention

EMTCT Programme (Guyana's Best Practices)

1. Digital innovations in reporting and case tracking
2. Quarterly validation meetings
3. Standardized Manuals

Where is MoH Guyana?

- ❑ Pre- Assessment and desk review of programme structure, protocols, guidelines and training structure
- ❑ Retrospective data collection
- ❑ Compilation of preliminary mandatory indicators
- ❑ Convening of National Validation Committee
  - Employment of Case Navigators
  - Compilation and review of report
- ❑ Invitation to PAHO/WHO for validation
- ❑ In-country and virtual missions by RVC
- ❑ **RVC recommendation to WHO**
- ❑ **WHO Feedback**

In Country Mission – Feedback

June 2026

EMTCT Programme (Guyana's Next Steps)

1. **VALIDATION!**
2. Strengthen digital infrastructure
3. Regular mentorship, training and supervision
4. Expand male partner testing & follow-up
5. Continuous quality improvement activities

Conclusion – **We ain't giving up!**

Consistent monitoring is key to EMTCT success

Guyana's system is evolving, retaining its effectiveness

With sustained effort, Hep B validation is within reach