SOUTH TO SOUTH CO-OPERATION

Lessons learned to support the strengthening of EMTCT Plus Strategy in the Caribbean

MONTEGO BAY

JAMAICA

MAY 2025

List of Country Experiences

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ACKNOWLEDGEMENTS

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PAHO
Pan American Health Organization
World Health Organization
Americas Region

Elimination Initiative

INTRODUCTION

The Project, “Strengthening of EMTCT Plus strategy within Maternal and Child Health Service (MCH) in CARICOM Member States” is funded by the India-UN Development Partnership Fund and is managed by the United Nations Office for South-South Cooperation (UNOSSC). PAHO is the implementing agency for the project which aims to ensure that MCH services has the capacity to attain and sustain the EMTCT Plus certification in the Caribbean.

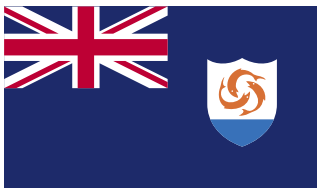
One of the strategies identified to support the strengthening of the primary prevention, treatment and follow-up services within MCH is the exchange of experiences and lessons learned through south-south cooperation. Under the project, different modalities are utilized to support the transfer of knowledge and experiences among countries.

At the introductory workshop held in Montego Bay in May 2025, selected CARICOM Member States and territories in the Caribbean with good/best or promising practices shared and showcased their experiences and lessons learned on a wide variety of topics from a health system perspective ranging from services, including laboratory to monitoring and evaluation. The knowledge sharing and experiences were conducted utilizing a very participatory methodology known as Knowledge Café and emphasized the intervention utilized, rational for the intervention, while outlining what worked best, as well as the gaps and challenges based on the lessons learned.

The knowledge sharing event was organized in collaboration with the PANCAP knowledge management team for which this expertise is available.

This document is a compilation of good and promising practices which were shared by Countries and Territories in the Caribbean. Countries have used the information shared in different ways to improve their services at the national level.

Achieving Birth Dose Hepatitis B Vaccination Through Centralized Delivery and Workforce Training in Anguilla



INTRODUCTION

Despite COVID-19 disruptions, Anguilla sustained EMTCT targets by leveraging a centralized birth system at sole public hospital. Service continuity was supported with clear protocols and comprehensive training of the pediatrician and all midwives in hepatitis B vaccine administration. This approach ensured uninterrupted service delivery and resulted in 99.8% vaccination coverage between 2020 and 2023, a peak of the pandemic.

PURPOSE/OBJECTIVES

Anguilla aims to eliminate perinatal hepatitis B transmission by implementing standardized birth dose vaccination, supported by centralized delivery services, which emphasized trained healthcare personnel, and an integrated health system approach.

METHODS AND APPROACH

Anguilla's hepatitis B birth dose vaccination programme is anchored in a centralized delivery model, with all births taking place at Princess Alexandra Hospital, the island's sole maternity facility on the Island. This enables and support of a consistent application of the vaccine protocols and seamless coordination across care teams, with linkages to the overall immunization program.

All midwives and the pediatrician received comprehensive training in hepatitis B vaccine administration, including cold chain management and documentation. A dedicated refrigerator in the maternity ward provides ease of access to the vaccine, while ensuring the proper storage conditions, reinforced by regular audits from the EPI Manager. Real-time tracking of vaccine delivery was facilitated by the newly integrated electronic medical records (EMR) system. This design minimized delays and safeguarded service continuity with the overall immunization program.

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RESULTS AND FINDINGS

As a result of Anguilla's centralized and coordinated approach, the island achieved 99.8% hepatitis B birth dose vaccination coverage between 2020 and 2023, with 561 of 562 newborns vaccinated at birth. This exceptional coverage was sustained throughout the COVID-19 pandemic, with no reported service disruptions.

The single missed case in 2023 stemmed from parental vaccine hesitancy, not a lapse in system performance - underscoring the reliability of the program's design. Comprehensive training of midwives and the pediatrician ensured that every shift was staffed with personnel equipped to administer the vaccine. Cold chain integrity was maintained through a dedicated maternity ward refrigerator, routinely monitored by the EPI Manager.

Regular audits confirmed full compliance with vaccine protocol, while the introduction of the electronic medical records (EMR) system enabled accurate and timely documentation of each birth dose administered. Notably, no cases of mother-to-child hepatitis B transmission were reported between 2020 and 2023, underscoring the programme's effectiveness in sustaining EMTCT goals through operational excellence and system resilience.

CONCLUSIONS

Anguilla's near-universal hepatitis B birth dose vaccination programme illustrates the manner in which Small Island States health systems can achieve EMTCT sustainability through strategic alignment of infrastructure, workforce, and policy.

The centralization of all deliveries, paired with comprehensive staff training and reliable cold chain management, enabled a seamless, high-performing vaccination process.

Integration the with electronic medical records further strengthened data accuracy and follow-up. Even amid the COVID-19 pandemic, this system delivered uninterrupted services and maintained exceptional vaccination coverage.

Anguilla's model shows that focused investment in health system coordination and personnel capacity can protect newborns from preventable infections.

This approach is highly replicable across the region, with hospitals where delivers are done and particularly in settings with limited resources and stands as a compelling example of resilience and best practice in maternal and child health service delivery under the EMTCT Plus framework.

Personalized Care and Service Delivery in EMTCT Plus In Antigua and Barbuda

INTRODUCTION

EMTCT Plus requires a personalized, client-centered approach, one that safeguards confidentiality while fostering informed partner disclosure. Achieving impact requires seamless collaboration among primary, secondary, and NGO providers to educate, counsel, test, and link clients to care. A rights-based, culturally responsive environment is essential to support each individual's unique needs and uphold dignity throughout the continuum of service delivery.

PURPOSE/OBJECTIVES

Promote patient-centered care that is accessible, affordable, and sustainable, and which is designed around the lived realities and evolving needs of clients. while actively identifyingand dismantling systemic and interpersonal barriers, that may prevent individuals in their pursuit of essential health services.

METHODS AND APPROACH

Continuous retraining was prioritized, with a strong focus on staff working in maternal and child health. Training included pre- and post-test counseling, contact tracing, and strategic follow-up protocols. Training also deepened the understanding of the country's disease profile, focusing on prevalence and geographic distribution of three key conditions.

To reduce transmission, a zoning map was introduced to identify "red zones", areas where individuals faced intersecting vulnerabilities such as multiple pregnancies and partners, low income, unemployment, limited access to antenatal care, and reduced likelihood of partner disclosure. These zones were closely monitored to ensure comprehensive testing coverage and targeted outreach. Parallel training initiatives were implemented on the sister island of Barbuda to ensure consistency and equity in service delivery.

Partners of exposed mothers were actively engaged at the point of care, receiving counseling, testing, and treatment to support holistic family health at the point of care. Emphasis was placed on consistent follow-up to prevent disease progression and strengthen continuity of care. Strong client-provider relationships, including home visits, played a vital role in improving access and adherence. Healthcare guardians provided transportation support, ensuring that logical barriers did not hinder follow-up. STI treatment was made readily accessible through the national Medical Benefits Scheme, reinforcing equity and sustainability in service delivery.

RESULTS AND FINDINGS

The personalized approach to care was met with strong client receptivity, leading to greater willingness to access services and share critical information for contact tracing and addressing social determinants of health. This model not only deepened trust between clients and providers, it also enhanced and strengthened the healthcare workforce's ability to respond with empathy and precision.

For mothers of exposed infants who were uncomfortable accessing care in public settings, healthcare personnel provided direct support, by accompanying children to appointments and assisting with transportation logistics. Some mothers required sustained encouragement and follow-up to remain engaged with care services. Staff demonstrated deep commitment, often stepping beyond routine responsibilities to ensure that each client's needs were met with dignity and empathy.

Emphasizing partner disclosure led to a notable increase in partner engagement in accessing care. Clients were offered the option to have a care provider present during disclosure, creating a supportive environment to address concerns. This approach strengthened communication, deepened trust, and significantly improved uptake of testing, treatment, and follow-up services.

CONCLUSIONS

Personalized patient centered, uninterrupted access to care is pertinent to ensure the success of EMTCT Plus. Training and retraining of staff in maternal and child health care areas with emphasis on updated testing ,treatment and awareness of countries red zone fosters systematic evidence based practice care does not vary based on where care is accessed.
Promoting partner disclosure and adherence to treatment fosters disease control and prevents transmission to children.

More emphasis should also be placed on contact tracing and follow up.
With essential information of the prevalence in red zones, health care workers will be equipped to respond effectively eliminating mother to child transmission.

Healthcare services nationally and regionally should adopted and implement strategies that has been proven to work effectively through continuous dialogue.

This approach is expected to build confidence across the nation and region in the overall healthcare system.

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Reducing Mother to Child Transmission with timely initiation of antiretroviral therapy for expose infants in The Bahamas

INTRODUCTION

The Bahamas has made significant strides in the prevention of mother-to-child transmission (PMTCT) of HIV. While the incidence of new HIV infections among infants remains low, cases continue to occur among mothers who have declined or failed to adhere to antiretroviral therapy. To further reduce these instances, it is imperative to encourage pregnant women to engage early with antenatal care services and to commence antiretroviral treatment promptly.

PURPOSE/OBJECTIVES

To introduce early treatment protocols for HIV-positive pregnant women, aimed at reducing mother-to-child transmission and ensuring the timely screening and initiation of antiretroviral therapy for infants exposed to HIV.

METHODS AND APPROACH

The Bahamas has implemented comprehensive protocols and guidelines for the management of antenatal clients to prevent mother-to-child transmission (PMTCT) of HIV. All pregnant women presenting at healthcare facilities undergo HIV and STI testing, accompanied by thorough pre- and post-test counseling. In cases of a positive diagnosis, antiretroviral therapy (ART) is initiated immediately and provided free of charge.

At approximately 32 weeks of gestation, a second round of HIV and STI testing is conducted. If a woman presents in labor without prior testing or is newly diagnosed at that time, immediate initiation of ART is undertaken to reduce the risk of vertical transmission.

Infants born to HIV-positive mothers receive ART prophylaxis for six months, after which diagnostic testing is performed to determine their HIV status.

These protocols are aligned with the Pan American Health Organization (PAHO) standards for the elimination of mother-to-child transmission of HIV, which call for at least 95% of pregnant women to be tested and to receive appropriate treatment if diagnosed.

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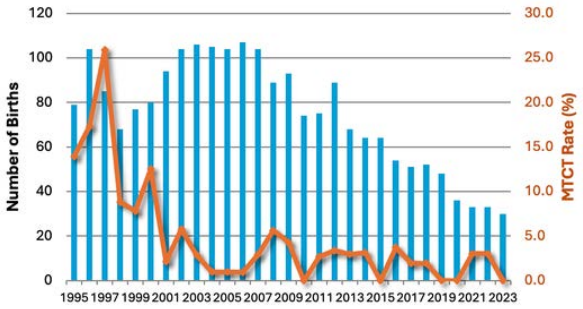
RESULTS AND FINDINGS

The rate of mother-to-child transmission (MTCT) of HIV in The Bahamas has shown a consistent decline over the years. In 2023, thirty HIV-positive women delivered live infants, all of whom underwent DNA-PCR testing. Notably, none of the infants tested positive for HIV, resulting in an MTCT rate of 0% for the year. This represents a significant improvement compared to an MTCT rate of 3.1% in 2022 (n=1) and 3.0% in 2014 (n=2). Additionally, the number of live births among HIV-positive women decreased by 53% over the same period, from 64 in 2014 to 30 in 2023, reflecting both strengthened prevention efforts and improved access to care

CONCLUSIONS

Building on the significant progress in reducing mother-to-child transmission (MTCT) of HIV, there is a clear need to expand programs that promote early antenatal clinic attendance. Scaling up access to rapid HIV testing nationwide will further enhance early detection and facilitate timely intervention. While ART remains widely accessible, its consistent and sustained use is essential to maintaining low transmission rates and advancing toward elimination goals.

Furthermore, prioritizing ongoing education around safe sexual practices during pregnancy is essential. Many individuals underestimate the risk of HIV exposure through unprotected or high-risk sexual behavior during this period, leaving both mothers and infants vulnerable. Strengthening public health messaging in this area is critical to reinforcing prevention efforts, ensuring comprehensive protection, and fostering informed decision-making throughout pregnancy.



Number of Live Births among HIV Positive Pregnant Women and HIV Mother-to-Child Transmission Rate, The Bahamas, 1985 - 2023

EMTCT Data Management in Belize

A Good Practice

INTRODUCTION

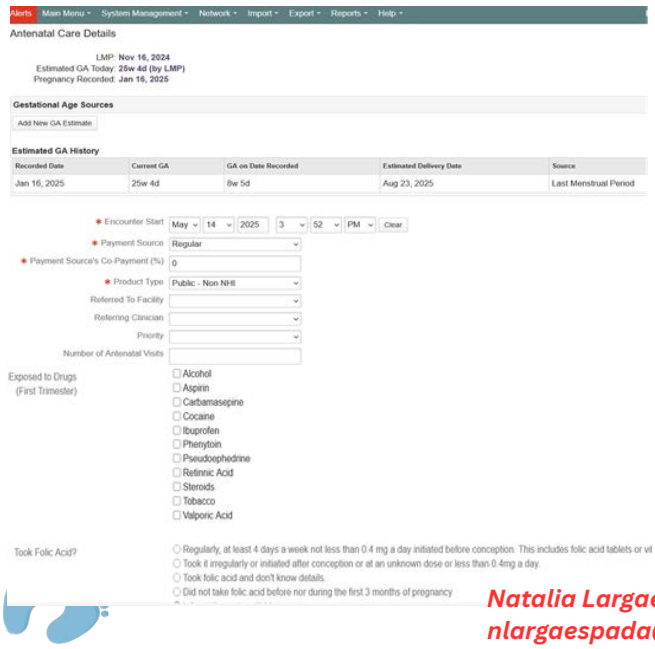
To achieve a healthy pregnancy outcome, where both mother and child are free from HIV, Syphilis or Hepatitis B, requires over 20 meaningful encounters with an adult who must make informed decisions at each step, including accepting the services provided. Every encounter plays a critical role in shaping outcomes and must be carefully documented to support robust monitoring and evaluation of both the care process and the overall program. This level of engagement ensures accountability, continuity, and the ability to adapt services to meet evolving client needs.

PURPOSE/OBJECTIVES

To have a standardized data collection tool to systematically capture the continuum of care for women living with HIV spanning pregnancy, childbirth and the postnatal period to eliminate the transmission from the mother to her child.

METHODS AND APPROACH

- Maintain updated clinical guidelines
- Design a standardized data collection tool aligned with the national protocols or guidelines.
- Implement an integrated electronic medical record system that captures medical and nursing care, laboratory test and results, prescriptions and dispensation, home visits and follow up.
- Establish a country master list of EMTCT patients to track their access to care and treatment.
- Send timely reminders from national to subnational level reminding of planned services as per protocols.
- Review and consolidate data, analyze findings for evidence-based decision, and make recommendations to close the gaps.



RESULTS AND FINDINGS

Key improvements in EMTCT Plus implementation have strengthened service delivery and data integrity as follows:

- Updating of logbooks used for data collection on births is used in public, private, sector health facilities offering obstetric care services and traditional birth attendants that usually attend home deliveries.
- Improved the rate of timely provision of services e.g. screening and treatment, home visits.
- Case investigation and report of untoward events by the local teams, analysis and recommendations to close the gap.
- -mproved communication among providers from public, private and NGO health facilities.
- Continuum of care of services between public sector health facilities and private sector facilities that used the Belize Health Information System (electronic medical record system).

Date of Birth	AGE	Parity	Nationality	Enrolled Date	Booking Date	Gestation @ booking	EDD	NEW HIV CASE (+ IN THIS PREGNANCY)
28-Sep-98	25	G2 P1 Ab0	Belize...	17-Jun-22	25-Oct-23	27 wks	20-Jan-24	-
31-Dec-21	19	G1 P0 Ab0	Belize...	3-Jan-13	29-Jun-23	5 wks	24-Feb-24	5-Jul-23
16-Aug-95	27	G2 P1	Belize...	26-Sep-09	6-Jul-23	6+ wks	25-Feb-24	-
22-Mar-02	21	G2 P1 Ab0	Belize...	8-Oct-2021	1-Feb-24	38..5 wks	20-Feb-24	-
1-Sep-93	30	G3 P0 Ab2	Belize...	2015	25-Sep-23	10 wks	25-April-24	-
25-Sep-91	32	G2 P1 Ab0	Belize...	7-Nov-18	28-Dec-23	24 wks	5-Apr-24	-
16-May-90	33	G4 P2 Ab1	Guat...	17-Feb-14	5-Dec-23	16 wks	15-May-24	4-Dec-23
9-May-98	25	G4 P3 Ab0	Belize...	18-Jul-19	20-Dec-23	18.1 wks	21-May-24	-
01-Feb-84	39	G3 P1 Ab1	Belize...	13-May-13	10-Oct-23	8.6 wks	15-May-24	-
[illegible]	22	G3 P2 Ab0	Belize...	22-Jun-22	31-Oct-23	10 wks	23-May-24	31-Oct-23

CONCLUSIONS

Successful EMTCT programs require access to reliable data throughout the process of care.Health care workers at all the different levels and sectors (public, private and NGO) need to be aware of the process of care and to collaborate to ensure all patients have access to the services to eliminate the vertical transmission of HIV, Syphilis and Hepatitis B. Although the major responsibility lies with the local teams, it is essential to have, at national level, a dedicated focal point to monitor each EMTCT case, who will maintain a good and timely communication with the local teams, helping to identify and address gaps in the system.

The documents and tools used are readily available for sharing.

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Adherence to national protocols to achieve universal screening and treatment coverage for HIV, Syphilis and Hepatitis B in pregnant women attending antenatal clinics in Cayman Islands

INTRODUCTION

Cayman Islands is committed to the prevention of mother-to-child transmission of HIV and Syphilis through the commitment and leadership of the Ministry of Health and Health Services Authority. There continues to be no known mother-to-child transmission (MTCT) of HIV since 2004, and no documented MTCT of syphilis.

Cayman Island aims to maintain this status ensuring that all women accessing antenatal services are screened, tested and treated according to national protocols and standards.

PURPOSE/OBJECTIVES

To continue to abide by evidence-based clinical guidelines, standards, and protocols to ensure adequate screening, detection, and treatment of mothers for HIV and Syphilis to prevent MTCT.

METHODS AND APPROACH

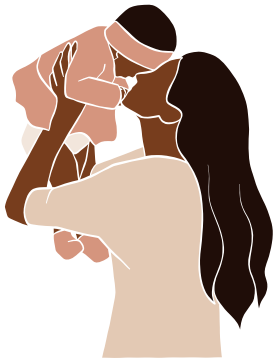
The following strategies are used to achieve the objectives and goals.

1. Use of evidence-based clinical guidelines for screening and treating.
2. Training of Healthcare providers regarding guidelines, protocol testing, and care to prevent MTCT.
3. Screening and testing of all antenatal patients for syphilis, HIV, Hep B, and STIs at the first point of contact.
4. Second testing for HIV and Syphilis at 36 weeks or thereabout.
5. Rapid testing for syphilis and HIV for patients who are unbooked or missed routine screening.
6. Antenatal care cost in the Public Health output cost for all Caymanians.
7. The availability of antenatal care policies and services .
8. Data collection and analysis of information for both the public and private sectors, and monitoring the EMTCT strategy

RESULTS AND FINDINGS

Data from all the deliveries reviewed for the period 2019-2025 revealed that the primary prevention and treatment intervention utilized in the antenatal care clinics have resulted in the almost universal testing of all pregnant women who access services in the Country. Greater than 95% of mothers were tested for HIV and Syphilis.

All of the women screened, and found positive were treated approximately and there continues to be no case of the mother to child transmission of HIV and syphilis.



CONCLUSIONS

The Cayman Islands continue to implement vigorous screening protocols to ensure that all antenatal patients get tested for HIV and Syphilis. The Public Health Department provides assistance to ensure testing is conducted.

Patient education is ongoing through various approaches, including antenatal clinics, parent craft classes, public health forums, and satellite district clinics.

The vigorous screening and education resulted in no mother-to-child transmission of HIV, Syphilis in the Cayman Islands for the reported period.

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Early Management System for Pregnant Women in Dominica

INTRODUCTION

A robust and coordinated approach is urgently needed to ensure timely and high-quality care for pregnant women in Dominica. Current delays in management and treatment often stem from late appointments and the absence of a standardized care strategy, which significantly increase the risk of maternal and fetal complications, as well as vertical transmission. Establishing standardized protocols across all service points, supported by timely scheduling and proactive follow-up, is essential to safeguard maternal.

PURPOSE/OBJECTIVES

To establish an effective management system to ensure timely, equitable care for pregnant women and their partners in Dominica, thus reducing delays in treatment of mothers with Syphilis /HIV/ and Hepatitis B to prevent vertical transmission.

METHODS AND APPROACH

A diverse set of interventions was implemented in Dominica to strengthen early engagement, timely diagnosis and coordinated care for pregnant women and their partners:

- ·Community-based health education delivered through schools, churches, waiting rooms, and home visit to encourage early antenatal bookings within the first trimester (12 weeks).
- Involvement of consort/ spouse during the admission process.
- Prompt testing on admission to antenatal clinic for early detection and treatment of Syphilis, reducing risk of vertical transmission.
- Health Care Provider training on the management and care of the pregnant women to include Syphilis/HIV/Hep B Screening, testing and management.
- Partner notification and treatment protocols supported holistic family health and reduced reinfection risks.
- Pathway to communicate within a multi-disciplinary approach ensured quick turnaround of investigations and treatment decisions, improving maternal and fetal outcomes.
- Case management approach using an audit sheet tracked clients/health care provider interaction with positive results. This enabled consistent data collection and facilitated case-by-case discussions for timely support and intervention by the MCH team.

RESULTS AND FINDINGS

1. ·Health care workers made more concerted effort to encourage pregnant women to register before the 12 weeks of pregnancy, thus improving early access to care.
2. ·Blood investigations and blood drawing are carried out at point of care by nurse midwives, reducing delay of results and accelerating treatment initiation.

RESULTS AND FINDINGS-CONT'D

3. Improved coordination between health care providers and National Laboratory personnel ensured timely blood result dissemination. Third party involvement within the MCH Team helped expedite result sharing to the point of care for prompt treatment.
4. In-service health education sessions for new and experienced health care providers in the management of the pregnant woman, helped to ensure that standards are understood and maintained according to protocol throughout the health care system, ensuring consistent treatment for the pregnant mother, the neonate and the partner.
5. Vigorous contact investigation for partner testing and treatment. Audit sheets and case studies were used throughout the continuum of care to promote vigilance, early detection of risk factors, and guide timely management.

CONCLUSIONS

Addressing late antenatal booking and implementing unified management strategies are critical for decreasing the risk of maternal and fetal complications. The implementation of standard management protocol for pregnant women and their consorts, when consistently applied, ensures timely and high-quality care. This can be achieved through a multi- faceted approach, including:

- Promotion of early antenatal care engagement by educating pregnant women, families, and communities on the importance of accessing antenatal care early in pregnancy. Bearing in mind, in Dominica, investigation for HIV/ Syphilis/ Hepatitis B and other investigations are at first trimester (12 weeks) and repeated at 3rd trimester (32weeks), to support early detection and timely treatment, helping to prevent congenital infections.
- Recognizing and responding to barriers faced by women with unwanted pregnancies who may be less inclined to seek early care. Despite counselling andreferrals by the health care providers, this group remains at risk for delayed treatment and requires tailored outreach strategies.
- Continuously enhancing health care providers' capacity through training and mentorship in maternal and child health, ensuring they are equipped to deliver care aligned with current protocols.
- Strengthening health care systems by building capacity in areas such as referral systems, emergency obstetric care and newborn services, to improve outcomes across the continuum of care.
- Elevate public dialogue on safe sex practices, recognizing their role in STI prevention and the reduction of high-risk pregnancies. This area warrants further research and targeted interventions.
- Building strong partners with local communities, NGOs and the private sector is fundamental to ensuring that pregnant women and their unborn children benefit from all available resources and support systems.
- Consider establishing a regional EMTCT task force to coordinate efforts, harmonize strategies, and facilitate cross-country learning and sharing of best practices.

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Grenada Progresses to Achieve Elimination of Mother-to-Child Transmission

INTRODUCTION

Grenada's Maternal and Child Health (MCH) program aims to improve health outcomes for mothers and children by delivering comprehensive, accessible healthcare services. A cornerstone of this effort is the Elimination of Mother-to-Child Transmission (EMTCT) of communicable diseases such as HIV, Syphilis, Hepatitis B, and HTLV-1 during pregnancy, childbirth, and breastfeeding.

While the programme has made significant progress, EMTCT efforts continue to face numerous challenges that limit their reach and impact. These challenges include supply chain disruptions, limited healthcare worker training and retention, data management complexities, social stigma and discrimination, lack of family support and integration barriers affecting alignment of EMTCT services with broader MCH platforms and community-based initiatives.

PURPOSE/OBJECTIVES

The primary goal of Maternal and Child Health (MCH) and the Elimination of Mother-to-Child Transmission (EMTCT) primary prevention intervention is to safeguard the health and well-being of mothers and their children by ensuring positive pregnancy outcomes, while preventing the transmission of communicable diseases. This requires the integrated and an interprogrammatic approach to the healthcare services that is people centered and respond to the needs of both mothers and children, and the family.

METHODS AND APPROACH

To achieve the Elimination of Mother-to-Child Transmission (EMTCT) of HIV, Syphilis, and Hepatitis B, and HTLV-1, several key methods and approaches have been implemented within MCH. These are:

- ·Comprehensive Screening and Testing
- Integrated Care Models
- Introduction of the birth dose and linkages to the national vaccination program

RESULTS AND FINDINGS

Early antenatal screening has enabled timely introduction of treatment for HIV positive women in accordance with national protocol. Records show no recent cases of vertical transmission during pregnancy. Prophylaxis treatment administered at birth up to 18 months postpartum, has also contributed to sustained negative outcomes.

Between 2023-2024, a total of ten births were recorded to HIV-positive mothers – seven female and three male infants. All tested negative for HIV.

Birth dose Hepatitis B Coverage 2020-2024

Birth Dose Hep B	2020	2021	2022	2023	2024
	1525/ 1385 90.8%	1534/ 1382 90%	1512/ 1374 90.8%	1482/ 1361 91.8%	1232/ 1127 91.4%

CONDITIONS	2020	2021	2022	2023	2024
HIV	2	4	1	1	2
HTLV	14	9	8	12	11
SYPHILIS	9	6	6	12	10
HEPATIS B	5	2	7	10	4

Source: Epidemiology Department, Ministry of Health

CONCLUSIONS

TThe Integration of EMTCT strategies within the broader Maternal and Child Health (MCH) framework has proven to be a powerful driver of improved health outcomes for mothers and children. The EMTCT Plus initiative promotes a comprehensive, rights based, and integrated health system that addresses not only HIV and Syphilis but also Hepatis B and Chagas disease.

Efforts to strengthen Health Systems are ongoing, with a focus on sustaining EMTCT through continued MCH services, universal access and robust postnatal follow-up. Service Delivery integration, counselling training and point of care testing, with routine testing for other infections, are currently being strengthened. The same is for the treatment for HIV at the primary health care level with the standardization of monitoring and evaluation across the health services, especially antenatal care clinics.

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Monitoring and Evaluation for EMTCT Plus in Guyana

A Good Practice

INTRODUCTION

The EMTCT programme in Guyana continues to face challenges in retrieving data in a timely manner, largely due to the expansive and varied terrain across which service delivery sites are located. These geographic complexities hinder consistent monitoring and reporting.

At the same time, there is strong national commitment to expanding the coverage and reach of the EMTCT Programme across all health facilities in all regions. This expansion will require an increase in both the number and geographic distribution of reporting sites, aligned with ongoing improvements in internet connectivity and the growing use of telemedicine.

PURPOSE/OBJECTIVES

To develop a strategy that promotes accurate, up-to-date documentation across all ANC clinics, enabling timely policy reporting, effective monitoring and early identification of system gaps.

METHODS AND APPROACH

The following steps were taken

1. A Monitoring and Evaluation (M&E) Officer was assigned to the PMTCT department to support data system improvements,
2. During the quarterly review meeting of the Expanded Programme on Immunization (EPI) data retrieval challenges were identified, and a list of potential solutions was compiled.
3. Following careful consideration, especially in light of expanding telemedicine, a digital platform was selected as the most promising solution.
4. A multidisciplinary team was formed, including representatives from PMTCT, Digital Health and IT. The team was tasked with reviewing the existing paper-based records and developing a database capable of receiving records from individual facilities, storing and compiling data ; displaying key indicators on a user-friendly dashboard.
5. Regular meetings were held throughout the first quarter to ensure alignment with expected outcomes.
6. Login accounts were created, and the database was first disseminated to high-volume sites.
7. -Training is ongoing for additional sites, with login credentials issued accordingly.
8. A mobile application login was also developed to complement the database and improve accessibility.

RESULTS AND FINDINGS

Following the intervention, the national programme reported a 30% increase in the timely submission of reports (real time data). This improvement has enabled more effective monitoring of service delivery and provided a clearer, more accurate representation of EMTCT interventions compared to previous reporting periods

Health Centers noted the digital tool was convenient to use and minimal adaptation, contributing to smoother implementation and uptake.

CONCLUSIONS

The scale-up of the database is expected to proceed smoothly, supported by early adoption and positive feedback from high-volume sites. However, several challenges remain. These include the reliability of internet connections across remote regions, the need for timely correction of data entry errors, and ensuring adequate monitoring and evaluation support at the central level.

To maintain data integrity and compliance, signed hardcopies will continue to be retrieved alongside digital submissions.

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Rapid HIV Testing EQA Programme in Jamaica

A Good Practice

INTRODUCTION

The utilization of rapid HIV testing and the External Quality Assurance Programme is coordinated by the Laboratory Quality Assurance (QA) Coordinator, at the National Laboratory Services, supported by a small team at the National Public Health Laboratory (NPHL). Approximately 51 participating sites are enrolled with several additional facilities expressing interest in joining.

There are also Proficiency Testing (PT) programmes for:

- CD4: 20 participating sites
- Early Infant Diagnosis (DBS) and Viral Load testing exclusively at the NPHL
- Syphilis
  - NPHL oversees three PT programmes
  - NBTS oversees one PT programme

PURPOSE/OBJECTIVES

To provide a brief overview of the Rapid HIV testing External Quality Assessment (EQA) programme, which includes the following key elements:

- **Preparation of sample panels:** Development of standardized panels for proficiency testing
- **Quality checks:** Verification of panel integrity and accuracy prior to distribution
- **Distribution of panels:** Timely dissemination to participating sites
- **Analysis of the results:** Evaluation of site performance and identification of areas for improvement

METHODS AND APPROACH

To ensure consistent quality in rapid HIV testing, the programme has benefitted from support provided by external partners. Key contributors include:

- **Training of testers:** Capacity-building sessions to strengthen technical skills and adherence to protocols
- **Train-the-trainer workshops:** Empowering local experts to cascade knowledge and sustain training efforts
- **Standardized Results Logbooks:** Distributed to sites to improve documentation and ensure uniform recording of test outcomes
- **Provision of Reagents and Supplies:** Ensuring participating sites are equipped with the necessary materials to conduct EQA activities effectively

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RESULTS AND FINDINGS

Rapid HIV Proficiency Testing (PT) Programme:

- External Quality Assessment (EQA) has proven to be an effective tool for monitoring testing competency and quality across sites, especially given that the Quality Assurance Department is staffed by a single officer.
- The vast majority of participating sites perform exceptionally well.
- A few sites with performance issues are actively implementing corrective actions

CD4 PT programme:

- ·All 20 participating sites consistently demonstrate high performance.

Viral Load (VL) PT programme:

- The NPHL has maintained a flawless record, never failing a challenge in over 10 years of participation

Early Infant Diagnosis (DBS):

- NPHL has also sustained a perfect performance record over more than a decade of participation.

Syphilis PT Programmes:

- All programmes under both NPHL and the NBTS have demonstrated an excellent track record.

CONCLUSIONS

Rapid HIV PT programme: A few sites are not adhering to the national testing algorithm, procurement challenges have affected access to test kits specified in the national protocol, additional test kits are being considered for validation, additional staff needed for the QA to improve monitoring and an E-PT platform being developed.

Viral Load (VL) PT programme: The MOHW is exploring decentralization of VL testing, all new testing sites will need to be enrolled in an EQA programme, and an Interlaboratory comparison programme will be initiated, with potential future subscription to an external PT programme.

CD4 PT programme: The manufacturer will discontinue supply of FACs Presto and PIMA machines currently used , reagents for these instruments are being phased out, and a new instrument is currently undergoing validation to replace the BD platforms.

Syphilis PT programmes: Rapid syphilis testing is practiced widely, a dedicated PT programme for rapid testing is needed to ensure quality and consistency and additional personnel will be required to support implementation and oversight.

Contact Investigation for EMTCT in Jamaica

A Good Practice

INTRODUCTION

HIV and Syphilis in pregnant women have always been two of the priority conditions investigated by Contacts Investigators (CIs). These investigations also include suspected Paediatric HIV, Congenital Syphilis and the appropriate treatment and follow-up of the mother-child pair.

PURPOSE/OBJECTIVES

The overall objectives of the Contact Investigation Programme in Jamaica are:

1. To interrupt the transmission of Communicable diseases inclusive of HIV and Syphilis.
2. Identify and manage high risk contacts.
3. Refer for and ensure appropriate treatment and follow-up.

METHODS AND APPROACH

1. HIV and Syphilis testing is routinely done during a pregnant woman's first antenatal visit, either at the health centre or parish laboratory if the health centre is located on the hospital grounds.
2. The CI is responsible for linking clients with HIV and infectious Syphilis to treatment and works closely with the Lab team. The lab flags all positive results, including antenatal cases, for the CI's immediate attention.
3. The lab, MCH team, and CI collaborate closely to ensure early detection and treatment of seropositive pregnant women.
4. After receiving positive results, the CI works with the MCH team to locate and confirm treatment of the mother and monitor post-treatment titres.
5. The CI helps deliver test results and ensures the client makes it to the health facility for treatment, including arranging home visits or transport to the health facility if needed.
6. The CI conducts regular checks in labs and maternity wards to identify delivery of mothers with HIV and Syphilis.
7. After birth, the CI ensures infants of mothers with Syphilis and HIV are tested and treated according to national guidelines and that treatment is properly documented.

METHODS AND APPROACH CONT'D

8. The CI maintains a line-list of all mothers with positive Syphilis serology as well as a register of all pregnant women with suspected infectious Syphilis, documenting key data such as test dates, titres, demographics, gestational age, and treatment details.
9. Mothers with reactive titres at delivery and their babies are monitored after hospital discharge to ensure necessary follow-up testing is completed.
10. The CI ensures all mothers of stillborn babies are tested for Syphilis and records the findings in a dedicated Stillbirth Register.
10. A similar protocol is followed for HIV-positive mothers and their exposed infants, ensuring early treatment and follow-up care.
11. The CI compiles and submits case investigation reports for Paediatric HIV and Congenital Syphilis to the National Surveillance Unit through the parish Medical Officer of Health to facilitate the disposition of cases and inform the parish and national surveillance databases.

RESULTS AND FINDINGS

Between 2017 and 2023, through CI, there was 85% reduction in the number of babies being born with HIV and was able to attain elimination status. The contact investigation programme has always been a part of the PMTCT Programme, but it has been revised to strengthen testing among other things. In 2018, the HIV/STI/Tb programme in WRHA began point of care HIV and Syphilis rapid testing at delivery for mothers with no evidence of antenatal care or third trimester testing, with subsequent collaboration with CIs and Lab services for positive cases. This resulted in identification of cases and appropriate management of the mother-child pair. With CIs integrated in the response, there has been better patient follow-up, treatment continuity, and data management and availability.

CONCLUSIONS

CI is a labour-intensive approach that has been constrained by limited human resources, particularly the number of trained Contact Investigators. Despite this, the demonstrated impact, especially in reducing vertical transmission and improving follow-up, positions contact investigation as a critical component of the EMTCT framework. Scaling up nationally and regionally will require investment in workforce development, standardized protocols and digital tools to support data collection and case tracking.

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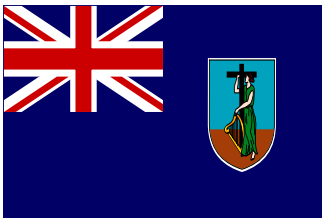
Delivering comprehensive quality care for pregnant women for EMTCT in Monsterrat



INTRODUCTION

Prenatal services are offered weekly at health centers located in each district, ensuring access to all pregnant women. With informed consent, women are tested for HIV antibodies, Hepatitis B, Syphilis, Hepatitis C and Chlamydia during each trimester to support early detection and timely intervention.

PURPOSE/OBJECTIVES

To ensure that all pregnant women receive quality care from trained health personnel throughout the pregnancy and to reduce mother-to-child transmission of HIV, Syphilis and Hepatitis B, through early detection, timely treatment, and consistent follow-up.

METHODS AND APPROACH

- Encourage all pregnant women to register at antenatal clinic by 12 – 16 weeks gestation.
- Screen all antenatal clients, with their consent, for HIV antibody, Hepatitis B, Syphilis, Hepatitis C and Chlamydia at each trimester and on admission for delivery.
- Refer all clients who have a positive/reactive test to the Obstetrician for follow up care.
- Repeat HIV positive test using algorithm
- Commence antiretroviral therapy immediately for HIV positive women.
- Refer all HIV positive women to HIV Focal Point.
- Refer all Hep B positive antenatal clients to internal medicine for follow up care.
- Offer and administer HepB Immunoglobulin
- Repeat VDRL and Chlamydia tests after treatment.

RESULTS AND FINDINGS

Serological testing during pregnancy is not mandatory, it is routine with the option to opt out by all pregnant women. Antenatal clients have consistently demonstrated 100% compliance, with most receiving two screening tests (for HIV & syphilis as per protocol) throughout the pregnancy. This high uptake reflects strong integration of testing protocols into routine antenatal care and underscores the effectiveness of health education and provider engagement. Over the past five years, there have been no confirmed cases of HIV, Hepatitis B or Syphilis among antenatal clients, an encouraging indicator of both early detection and successful prevention efforts.

CONCLUSIONS

To maintain quality antenatal care and reduce mother-to-child transmission of HIV, Syphilis and Hepatitis B, a systematic review of the Maternal and Child Health Manual is conducted at least every fiveyears. This ensures that protocols remain aligned with evolving global best practices and standard treatment guidelines. Sharing successful models and lessons learned can foster cross-country collaboration and strengthen regional capacity.

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Overcoming Challenges in Maternal Health Voucher Programs in Saint Lucia

INTRODUCTION

The primary concern was the access of laboratory services for routine antenatal screening. Antenatal mothers are often admitted to the obstetric ward without HIV and Syphillis screening. Failure to do have the screenings (through 1st, 2nd and 3rd trimesters) may have been due to issues of cost, access and lack of sufficient knowledge about the benefits of screenings, including early screening as it pertains to optimal maternal and neonatal outcomes.

PURPOSE/OBJECTIVES

The purpose is to evaluate the access and utilization of point of care testing, identify barriers to their effective use, and recommend strategies to enhance access to essential maternal health services.

METHODS AND APPROACH

Point-of-care testing is available weekly at select primary health care facilities across all eight regions, free of charge under the Universal Health Coverage. During antenatal visits, clients are issued vouchers to access these services. The results of the screening are made accessible to the nurse midwife through the Health Information System.

A mixed-methods approach can be used for investigation, combining quantitative and qualitative data collection.

Quantitatively, antenatal clinical records and voucher usage data will be collected to assess voucher utilization.
Additionally, surveys will be administered to a sample of antenatal mothers to gather information on their awareness, understanding, and to identify barriers in accessing laboratory services.

This comprehensive approach aims to identify gaps in voucher utilization and the possible correlation in maternal and neonatal outcomes.

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RESULTS AND FINDINGS

The implementation of free screening for HIV and syphilis commenced in June 2024 with a goal of increasing access to antenatal care from the 1st trimester. While the data shows an increase in antenatal coverage to include private clients, the pregnant mothers still presented late for testing, and in some cases did not present.
An assessment is needed to explore the following

- Percentage of eligible pregnant women who utilized laboratory services and in which trimesters, and how did this contribute to maternal and neonatal outcomes, if at all.

Some perceived gaps include:

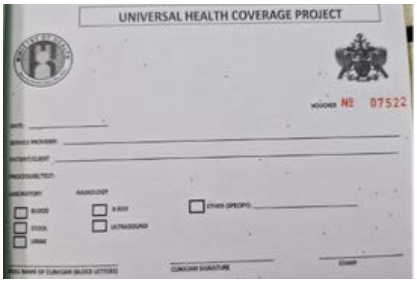
- Transportation difficulties to access services
- ·Misconceptions about voucher benefits
- Lack of education on the importance of investigations for better health outcomes
- Challenges in voucher distribution due to limited training and resource constraints.
- Concerns about stigma associated with voucher use discourages participation.

These findings underscored the need for targeted awareness campaigns, streamlined distribution processes, and enhanced provider training to improve laboratory access and voucher utilization and improve overall maternal care.

CONCLUSIONS

For scale-up nationally, comprehensive awareness and public education campaigns with tailored interventions that address socio-economic and cultural barriers are essential to enhance voucher uptake and utilization. Networking within the region in sharing best practices could significantly increase equitable access to quality antenatal services, reduce maternal health disparities, and advance progress toward national health goals.

Careful monitoring and evaluation will be necessary to adapt interventions contextually, ensuring sustainability and effectiveness across diverse regions.



Laboratory Policies in St. Vincent and the Grenadines

A good practice

INTRODUCTION

Saint Vincent and the Grenadines lacked standardized oversight of medical laboratories, leading to inconsistent quality, limited diagnostic capacity, and risks to public health. To address these gaps and advance critical health goals such as EMTCT, a national laboratory policy and legislation were developed to strengthen service coordination, ensure quality, and improve compliance across public and private sectors.

PURPOSE/OBJECTIVES

To ensure all laboratories and testing sites meet national and international quality standards by establishing a legal and policy framework that mandates licensing, oversight, and continuous quality assurance mechanisms.

METHODS AND APPROACH

The development of the National Health Laboratory Policy and the Medical Laboratories Act followed a comprehensive and collaborative process. The Ministry of Health, Wellness, and the Environment partnered with the Caribbean Med Labs Foundation (CMLF), which provided technical guidance and supported stakeholder engagement, capacity building, and alignment with regional standards. A situational analysis assessed existing laboratory services, followed by multi-sectoral consultations involving both public and private stakeholders. The policy was developed to align with Tier 1 of the Caribbean Laboratory Quality Management Systems – Stepwise Improvement Process (LQMS-SIP) and was officially adopted in 2022. Legislative backing was secured through the Medical Laboratories Act, which mandates all laboratories and testing sites to be licensed.

While the key structures—such as the Medical Laboratories Council and supporting regulations—are still in progress, laboratories are not obligated to comply with the Tier 1 requirements immediately. Instead, they are granted a grace period of six months to align their operations with these requirements. This grace period will commence upon the completion of the regulations and full implementation of the Act. This approach has laid the foundation for a sustainable, quality-driven laboratory system that supports national and regional health priorities like EMTCT Plus.

RESULTS AND FINDINGS

The implementation of the policy and Act has significantly advanced laboratory governance in SVG. It is the first OECS country to enact legislation mandating the licensing of all public and private laboratories in accordance with Tier 1 of the Caribbean LQMS-SIP. The public laboratory network has since been designated a national programme with its own budget, enabling strategic planning and operational autonomy. Milestones include the expansion of the external quality assessment (EQA) program, establishment of a molecular laboratory, and an official Cabinet mandate for accreditation of the central public health laboratory. These initiatives have strengthened the country's diagnostic infrastructure and built confidence in the reliability of test results—key requirements for EMTCT Plus validation. SVG's structured approach has positioned it as a promising model for national laboratory system strengthening in the region.

CONCLUSIONS

Despite notable progress, the full implementation of the laboratory policy and legislation faces critical delays. The enabling regulations for the Medical Laboratories Act are still pending, limiting enforcement of licensing standards. The establishment of the Medical Laboratories Council, essential for regulatory oversight and coordination, is also underway but incomplete. Furthermore, the Health Practitioners Act—needed to support registration and regulation of laboratory professionals—has yet to be passed. These gaps impede standardization of the workforce, licensing processes, and full institutionalization of quality systems. Nationally, this affects consistent service delivery; regionally, it limits SVG's capacity to fully operationalize its leadership role in guiding laboratory strengthening across the OECS. Finalizing these legal and institutional components is essential to sustain gains made so far and support the regional scale-up of initiatives such as EMTCT Plus that depend on reliable and quality-assured laboratory services.

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Strengthening of Elimination of Mother to Child Transmission Plus in Trinidad and Tobago 2017-2025

INTRODUCTION

The Ministry of Health (MoH) of Trinidad and Tobago prioritized the Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Syphilis. The Directorate of Women's Health (DoWH) implemented several strategies to strengthen the existing program to eliminate vertical transmission and to have healthy outcomes for both mothers and neonates.

METHODS AND APPROACH

The Department of Women's Health (DoWH) centrally coordinates the EMTCT Plus program to reduce maternal and neonatal morbidity and mortality.

The HIV/AIDS Coordinating Unit (HACU) oversees national HIV programs and policies. Though HIV is not a notifiable disease, a Linkage to Care Coordinator and Field Investigator help trace mothers and infants lost to follow-up.

Regional Health Authorities (RHAs) each have EMTCT coordinators and designated focal points responsible for monthly reporting, training, and participation in Ministry of Health (MoH) Technical Working Group meetings.

The Queen's Park Counselling Centre & Clinic (QPCC&C) offers specialist support and previously managed the national reference laboratory.

The Perinatal Information System (SIP), mandated in public facilities since 2018, prompts clinical staff to complete STI tests and follow-ups.

Updated National Maternal and Newborn Syphilis guidelines require early and repeat testing before 34 weeks, with a revised lab form connecting all stakeholders.

Centralized syphilis testing is done at the Trinidad Public Health Laboratory (TPHL), with online access to results.

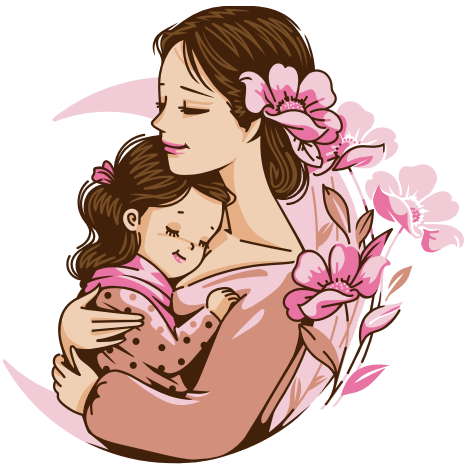
Treatment is provided at the RHA level, improving compliance and follow-up. A national WhatsApp group supports communication.

Monitoring and evaluation are actively managed by DoWH, HACU, and QPCC&C.

Drug stockouts are avoided through reserved maternal and newborn allocations, particularly for penicillin.

PURPOSE/OBJECTIVES

To advance the country's readiness status towards achieving the World Health Organization (WHO) global criteria for the EMTCT of HIV and Syphilis.



RESULTS AND FINDINGS

The finding revealed that there was an improvement of the national EMTCT data for the period 2023 & 2024. The continuation of the intervention outlined above should allow the country to advance with the EMTCT of diseases in the near future.

CONCLUSIONS

There was a marked increase in total cases of syphilis diagnosed in pregnancy for 2024. The analysis of the cases revealed a rise in congenital syphilis, based on the WHO surveillance definition for EMTCT.

Recommendations emphasize adherence to national guidelines, timely second screening test for syphilis before 34 weeks, improved data reporting, strengthened ANC outreach, and monthly Regional Health Authority technical meetings.

Supply chain management and communication across healthcare levels should be enhanced.

Dual HIV/syphilis Rapid Diagnostic Tests are about to be piloted. Digital linked records e.g. SIP Plus and Laboratory Information System (LIS) are recommended.

Early newborn HIV testing at 6 weeks via PCR is consistent, but 18-month follow-up requires strengthening with an infant tracking tool and increased resources and staff training.

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For further information on the Elimination Initiative,
including EMTCT Plus, kindly visit:

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