Workshop Report

Strengthening the EMTCT Plus Strategy within Maternal and Child Health

May 20-21, 2025 | Jamaica

PAHO
Pan American Health Organization
World Health Organization
Americas

Elimination Initiative

United Nations
Office for South-South Cooperation

India-UN Development Partnership Fund

CARICOM

01 Background

The presence of either HIV, Syphilis and hepatitis B often has long latency periods with infected mothers having no symptoms or unaware that they have the disease. The detection and treatment of HIV, syphilis and hepatitis B are conducted during antenatal care services to reduce the mother-to-child transmission of these diseases, while reducing maternal and child morbidity and mortality. As a result, achieving and maintaining the EMTCT Plus strategy, the leadership of the maternal and child health services is critical with clear linkages with sexual and reproductive health, adolescent health, men's health, STI, and HIV and syphilis treatment and care.

Given this situation, the Pan American Health Organization in collaboration with CARICOM submitted a project to the Indian UN Development Partnership Fund to support the strengthening of the EMTCT Plus strategy within the Maternal and Child Health Services (MCH). The Indian UN Development Partnership Fund is a dedicated facility within the United Nations Fund for South-South Cooperation (UNFSSC) since 2017. The Fund is supported and let by the Government of the Republic of India, managed by the United Nations Office for South-South Cooperation and implemented in collaboration with the United Nations System.

The project focuses on strengthening the primary prevention and treatment services for the elimination of the mother-to-child transmission of HIV, syphilis and hepatitis B (EMTCT Plus) in CARICOM Member State and territories. The overall objective of the project is to address the gaps and challenges which were identified during the process of countries applying for validation and the revalidation or those on the path to attain certification for the EMTCT of HIV, syphilis or hepatitis B.
PAHO/WHO Office in the Caribbean is the implementing agency, with valuable expert support from Caribbean Med Labs Foundation, and CARICOM Secretariat, particularly, the Pan Caribbean Partnership (PANCAP), and the Caribbean Public Health Agency, (CARPHA), UNAIDS and UNICEF regional Office.

02 Introduction

In March 2025, PAHO organized a virtual launch of the project and also organized a webinar for the Caribbean which focused on the increase of syphilis globally and in the Caribbean. This increase of syphilis in the general population has the potential to undermine the EMTCT gains in the Caribbean and delay ending syphilis as a public health problem.

The PAHO/WHO Caribbean Office organized a second activity under the project, a two-day workshop focusing on the strengthening of the EMTCT Plus strategy within Maternal and Child Health. The workshop had the participation of Maternal and Child Health Coordinators, immunizations Managers, and experts from the Caribbean Countries.

03 Workshop Objectives & Participant Expectations

The objectives of the workshop were:

1. **Contextualize** the EMTCT Plus strategy within the wider elimination initiative, highlighting that it is only one of the interventions to end HIV, syphilis and hepatitis B as public health challenges in the Caribbean.
2. **Discuss** strategies that can support the strengthening of the primary prevention and treatment services for HIV, syphilis and Hepatitis B in CARICOM Member States.
3. **Facilitate** the sharing of good practices and lessons learned from the implementation of the EMTCT Plus strategy.
4. **Review** Point of Care testing and other strategies to scale-up screening at ANC to ensure the maintenance of the gains especially for congenital syphilis.
5. **Provide** participants with updated guidance for the prevention and treatment of HIV, syphilis and hepatitis B within MCH, and tools to support the monitoring of the strategy within MCH.
6. **Review** guidance for the Caribbean for the maintenance of EMTCT Plus strategy.
7. **Identifying** critical areas essential for ongoing communication and capacity building.

" I expect to learn best practices from countries that have been validated with the aim of applying similar practices so my country achieves and sustains Elimination Status " - participant

04 Participant Expectations

Participants wanted to have a clear understanding of the EMTCT Plus initiative, including the responsibilities of Maternal and Child Health and strategies for achieving and maintaining elimination status.
A key expectation was to learn from the experiences of other countries, exchanging best practices and lessons learned to improve national approaches. Many sought guidance on the EMTCT, ensuring alignment with certification requirements and WHO standards. Additionally, they expected updates on screening, treatment, and integrated service delivery, alongside strategies for long-term sustainability.

Networking and cross-country collaboration were also highly valued, as participants aimed to strengthen partnerships, explore validation pathways, and support regional Triple Elimination efforts.

05 Discussion Summary

Session 1: Elimination of Diseases and Status of CARICOM Member States

During the morning of the first day of the workshop, there were presentations on the elimination initiative and its linkage with EMTCT, positioning the EMTCT strategy, while creating the tone for the follow-up sessions. **A major point noted in the presentation on disease elimination is that an integrated and multi-disciplinary approach, which includes EMTCT, is recommended in eliminating the public health threats, while supporting health system strengthening which will ensure the sustainability of the gains.**

There are fourteen (13) countries in the Caribbean that are advancing in this manner, developing integrated road maps with targets to sustain the gains of diseases already eliminated, such as EMTCT of HIV and syphilis, rubella, measles, etc., while focusing on other diseases that were identified for elimination. Countries with an integrated workplan for elimination of diseases which includes EMTCT:

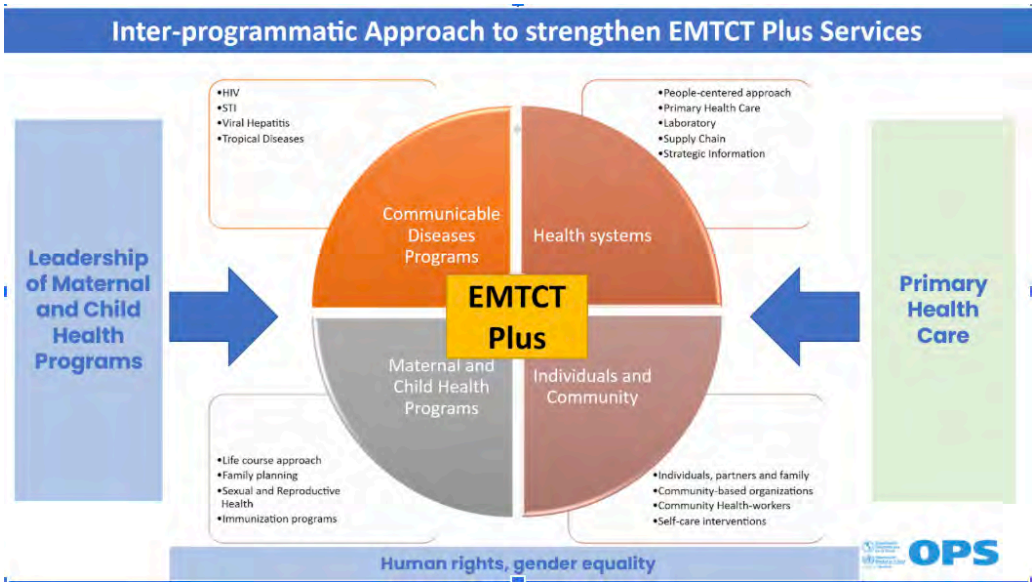
Anguilla, Antigua and Barbuda, Barbados, British Virgin Islands, Dominica, Guadeloupe, Guyana, Grenada, Saint Kitts and Nevis, St. Lucia, Montserrat, Martinique, St. Vincent and the Grenadines.

Presentations also highlighted the lessons learned, based on the functional criteria (Program and services, Laboratory, surveillance and human rights) for validation, and observations identified by PAHO/WHO from the process of validation and revalidation of countries in the Caribbean.

A key point from the discussion following the presentation was that EMTCT is the first step to ward ending HIV, syphilis and hepatitis as public health problems in countries. It is therefore important for countries to strengthen other interventions, implemented at the same time with EMTCT, to ensure the elimination of these diseases as agreed and signed by Member States

Leandro Sereno, Advisor Viral Hepatitis, PAHO/WHO, Washington DC

07 Discussion Summary



Session 2: General Overview of EMTCT Strategy for HIV and Syphilis and Lessons Learned

This session focused on key lessons learned from countries that have been validated for EMTCT or on the path to validation. To sustain EMTCT certification and improve maternal-child health outcomes, countries must ensure an integrated and inter-programmatic as demonstrated in the diagram above.

Below are some key lessons learned from each of the four functional components for EMTCT.

1. Programs and Services

EMTCT is not in isolation of Maternal and Child Health Services. All interventions for the detection, treatment and follow-up of the seropositive pregnant woman and the exposed infants are within the services offered at Maternal and Child health. As a result, the quality care and services provided at MCH, results in the elimination of HIV, syphilis and hepatitis B.
The primary prevention and treatment services within maternal and child health, and follow-up of the exposed infants remain central to positive pregnancy outcome, EMTCT Plus. Free and timely testing and treatment for syphilis is recognized as a critical foundation for sustainability.

2. Laboratory services

Testing is done for all pregnant women within the panel of pregnancy test. This has allowed for almost all pregnant women tested in most countries. The use of rapid tests for HIV, syphilis and Hepatitis B at the point of services is necessary to address the gaps that have been identified, resulting in late treatment and perinatal transmission. countries are in drafts. These policies ensure the proper management of the services, Laboratory Quality Management Systems (QMS) and network of all the public and private laboratories at the national level.

Ongoing stockouts of essential laboratory reagents and the turnaround time of sending results back to health facilities delay timely treatment.

Sandra Jones- Advisor- PAHO/WHO Caribbean Office, presenting on overall EMTCT Plus and Lessons Learned from the fields

Valerie Wilson- Director, Caribbean Med Labs Foundation

09 Discussion Summary

Veronica Cenac- Advisor, Human Rights and Law- UNAIDS

Session 2: General Overview of EMTCT Strategy for HIV and Syphilis and Lessons Learned (Cont'd)

3. Human rights, gender equality, and community engagement

The advancements of EMTCT in the Caribbean has supported the removal of legislations (i.e. decriminalization of legislations against HIV transmission and beggary) that impact on a public health approach to prevention and treatment.

There is limited understanding and appreciation of the human rights, gender and community engagement as a non-negotiable issue for EMTCT validation.

In small country settings, high levels of stigma and discrimination limit the ability to interview pregnant women with HIV and or other conditions. This is a challenge especially as dialogue with this population is crucial to accurately access the human rights component.

4. Strategic Information and Data Verification

EMTCT programs often rely on paper-based systems, limiting effective surveillance and forcing retrospective data collection rather than proactive tracking. Strengthening routine monitoring, data integration across sectors, and real-time information systems will be crucial for ensuring accurate programmatic tracking and impact assessment.

Inconsistent syphilis case definitions, fragmented information systems or data collection process leads to underreporting and misclassifications of cases. This in turn affects the capturing and monitoring of cases and limits the ability of countries to demonstrate the achievements of the impact and programmatic indicators.

Retrospective data collection for syphilis and hepatitis B is often utilized in an effort to determine if the criterion for validation is met.

10 Strategic Considerations for Sustaining EMTCT Gains

Enhance service-level integration, reinforcing syphilis and HIV screening protocols for pregnant women and infants

Expand access to rapid testing, ensuring timely and effective disease detection at maternal-child health sites.

Strengthen laboratory governance, ensuring quality assurance and supply chain resilience for key reagents and diagnostic tools

Advance human rights-based healthcare, reducing stigma, improving adolescent access and expanding gender-responsive policy frameworks.

Improve surveillance systems, ensuring routine data review, stronger disease classification standards. and real-time tracking methodologies.

From the presentations and discussions, it was clear that through a coordinated, multi-sectoral approach, the Caribbean can continue to advance EMTCT Plus certification, while advancing toward sustainable disease elimination.

11 Criteria for EMTCT Validation of Hepatitis B

Impact Target: <0.1% prevalence HBsAg in < 5-year olds
Additional criteria for countries using targeted birth dose: MTCT rate of <2%

Programmatic Indicators:
With Universal BD:
≥ 90% HepB3 vaccine coverage
≥ 90% HepB-BD coverage

Additional criteria:
≥ 90% coverage of maternal HBsAg testing
≥ 90% coverage with antivirals for those eligible
≥ 85% coverage of vaccine in all provinces [supporting indicator]
≥ 80% coverage of HBIG to exposed neonates [supporting indicator]

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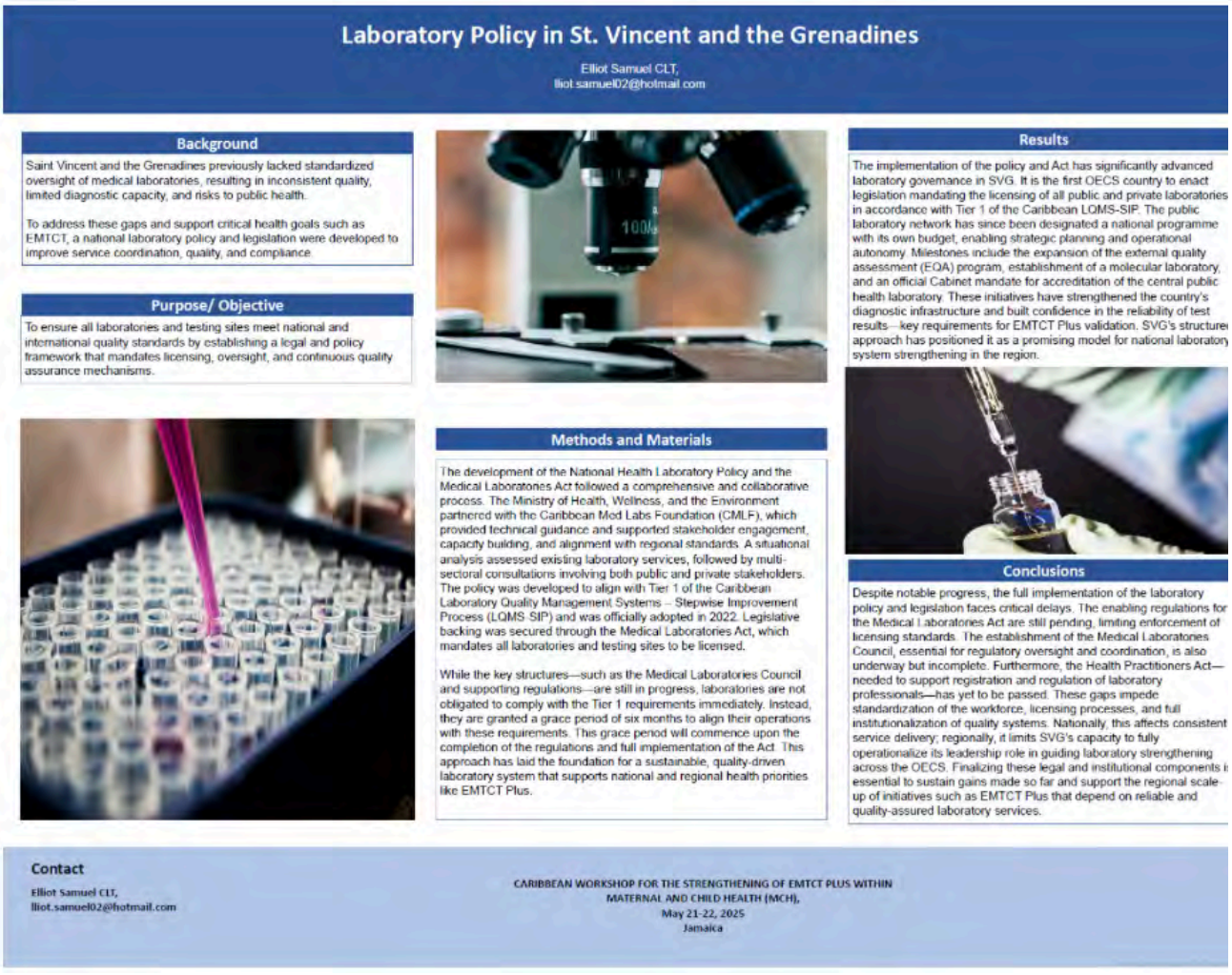
Recommendations for the Caribbean to accelerate progress towards elimination of Hepatitis B

- **Inter-programmatic collaboration**: Ongoing coordination immunization program
- **Expand access and coverage to Hepatitis B services in ANC**:
  - Promote the use of Point-of-Care tests for screening among pregnant women where applicable
  - Service integration and linkage to care and treatment of HBsAg persons
- **Expand HBV vaccine birth coverage:**
  - Continue adoption of the Hepatitis B birth dose across the Caribbean
  - - Educate healthcare workers to ensure timely administration of vaccines (birth dose in the first 24 hours)
  - Availability of vaccines in both public and private delivery wards
  - Raise awareness of vaccine benefits among pregnant women, their families and the community
- **Demonstrate the achievement of impact and programmatic elimination targets:**
  - Improve data reporting systems (coverage of vaccine, testing and treatment)
  - Impact target: Hep B serosurveys among children and programmatic data

Discussion Summary Cont'd

Session 3: Sharing of best/good practices to support the strengthening of EMTCT strategy within Member States

Knowledge Café: A major part of the project for the Caribbean is the sharing of experiences. The workshop allowed selected countries to share and showcase good practices and experiences from a health systems perspective, in a very interactive manner. Through participatory methodologies, knowledge and experiences, such as a "Knowledge Café", countries shared valuable experiences that can be adapted by countries as deemed necessary to strengthen the national EMTCT Plus services integrated within the MCH program.



EMTCT DATA MANAGEMENT IN BELIZE

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Abstract

ve at the end of the pregnancy a healthy mother and a child
e HIV or Syphilis or Hepatitis B, requires 20 plus encounters
adult who needs to make informed decisions e.g. accepting the
provided. Each of these encounters must be documented for
ng and evaluation of the process of care and the program.

Objective

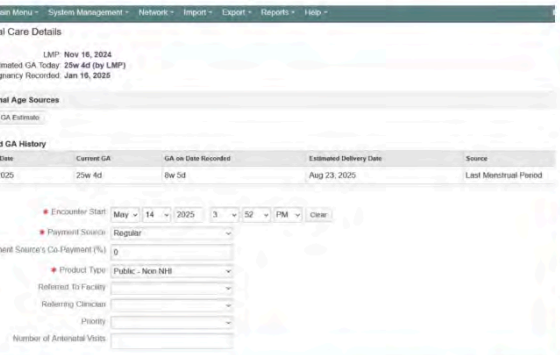
a standardized data collection tool that captures the process of
women living with HIV who require services during pregnancy,
n attendance and during postnatal period to eliminate the
sion from the mother to her child.

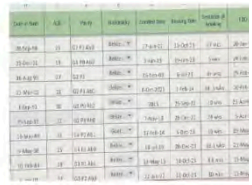
Methods and Materials

Have updated guidelines
Design the data collection tool vis a vis the protocols or guidelines
Have an electronic medical record system that captures medical and nursing care, laboratory test and results, prescriptions and dispensation, home visits and follow up.
Have a country master list of EMTCT patients to track their access to care and treatment
Send reminders from national to subnational level reminding of planned services as per protocols
Review and consolidate data, analyze findings and make recommendations to close the gaps.

Results

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





Conclusions

Successful EMTCT programs requires to have access to data throughout the process of care. Health care workers at all the levels and sectors (public, private and NGO) need to be awar process of care and to collaborate to ensure all patients have the services to eliminate the vertical transmission of HIV, Syp Hepatitis B.
Although the major responsibility lies with the local teams, it is have at national level, one person that can dedicate fully to m each EMTCT case, who will maintain a good and timely comr with the local teams, helping identify the possible solutions to the system.
The documents used are readily available for sharing.

ct
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CARIBBEAN WORKSHOP FOR THE STRENGTHENING OF EMTCT PLUS WITHIN MATERNAL AND CHILD HEALTH (MCH),
May 21-22, 2025
Jamaica

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

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Introduction

OVID-19 disruptions, Anguilla sustained EMTCT targets through
lized birth system at its sole hospital, supported by clear
ls and comprehensive training of the pediatrician and all
rs in hepatitis B vaccine administration. This ensured
upted service delivery and maintained programme continuity,
g 99.8% vaccination coverage between 2020 and 2023.

Purpose/Objective

nate perinatal hepatitis B transmission through standardized
se vaccination, enabled by centralized delivery services, trained
are staff, and an integrated health system approach.

Methods and Materials

's hepatitis B birth dose vaccination programme is anchored in
lized delivery model, with all births occurring at Princess
tra Hospital, the island's sole maternity facility. This setup
uniform application of vaccine protocols and seamless
ation.

Baitrician and all midwives were trained in hepatitis B vaccine
ration, including cold chain management and documentation.

ated refrigerator in the maternity ward safeguarded storage
ns, supported by regular audits from the EPI Manager.

he tracking of vaccine delivery was enabled through integration
new electronic medical records (EMR) system. The programme
reduces delays ensuring the continuity of services.

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Results

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

The single missed case in 2023 was due to parental vaccine hesitancy, not system failure.

The training of the midwives and pediatrician ensured every shift had competent staff to administer the vaccine, while the dedicated maternity unit refrigerator maintained cold chain integrity.

Regular audits confirmed compliance, and the introduction of the EMR system in that period allowed for accurate and timely documentation of each birth dose administered.

No cases of mother-to-child hepatitis B transmission were reported during this period, highlighting 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 demonstrates how small island health systems can achieve EMTCT sustainability through strategic alignment of infrastructure, workforce, and policy.

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

Integration with electronic medical records enhanced 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 with focused investment in health system coordination and personnel capacity countries can protect newborns from preventable infections.

This approach is highly replicable across the region, especially in settings with limited resources but centralized health infrastructures. It serves as a compelling example of resilience and best practice in maternal and child health service delivery under the EMTCT Plus framework.

CARIBBEAN WORKSHOP FOR THE STRENGTHENING OF EMTCT PLUS WITHIN MATERNAL AND CHILD HEALTH (MCH),
May 21-22, 2025
Jamaica

EQA Programme in Jamaica

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INTRODUCTION

This programme is coordinated by the Laboratory QA Coordinator, National Laboratory Services and a small team at the National Public Health Laboratory.
51 participating sites
Several others have indicated that they want to join the programme
There are also Proficiency Testin (PT) programmes for:
1. CD4 (20 participating sites)
2. Early Infant Diagnosis (DBS) – NPHL only
3. Viral Load – NPHL only
4. Syphilis
5. NPHL – 3 PT programmes
6. NBTS – 1 programme

METHODOLOGY/ STEPS

The purpose and steps of the Rapid HIV testing EQA programme:

1. Preparation of the sample panels
2. Quality checks
3. Distribution of panels
4. Analysis of the results

APPROACH

To ensure quality testing the following have been done

1. Training of testers
2. Train-the-trainer workshops
3. Results log- books to standardize documentation of results
4. Reagents and supplies for the EQA programme

RESULTS

Rapid HIV PT Programme:
- EQA is a good way to monitor competency and quality of testing at the sites particularly as the Quality Assurance Department is comprised of one person
- Majority of the participating sites exceeded in the programme
- Few problem sites are implementing corrective actions

CD4 PT programme:
- All 20 sites perform consistently well

Viral Load PT programme:
- NPHL has never failed a challenge in the over 10 years of participating in the programme

Early Infant Diagnosis (DBS):
- NPHL has never failed a challenge in the over 10 years of participating in the programme

Syphilis:
- Excellent track record in all PT programmes

CONCLUSIONS

Rapid HIV PT Programme
1. Few sites do not follow the national algo
2. Issues with procurement of the test kits
the national algorithm
3. Additional test kits to be validated as a r
this latest complication
4. Additional staff needed for the QA Depar
improve monitoring of the programme
5. E-PT platform being developed

Viral Load PT programme
MOHW looking to decentralize viral load te
1. Will have to enroll all the testing sites in
programme
2. Interlaboratory comparison programme
possibly subscription in an external PT p

CD4 PT programme
1. Manufacturer will no longer be supplying
Presto and PIMA machines that are used in
2. Phasing out the reagents
3. Currently validating a new instrument to
the BD instruments

Syphilis PT programmes
1. Rapid testing is done widely across Jama
2. PT programme for rapid testing needed
3. Additional personnel needed for impleme

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Jamaica

CARIBBEAN WORKSHOP FOR THE STRENGTHENING OF EMTCT PLUS WITHIN MATERNAL AND CHILD HEALTH (MCH),
May 21-22, 2025

Discussion Summary Cont'd

Session 4: Identification of good practices to sustain the gains within maternal and child health at the national level

During this session participants had the opportunity to provide their impressions and feedback on the experiences and lessons shared during the knowledge cafe.

Participant Feedback

"Very informative presentation. In the case of elimination, the country has shown that data is the cornerstone, and this is how you made it. It is a classic example of how you integrate the data for HIV, syphilis and hepatitis I am amazed at seeing that list and how workers did that is really an amazing thing." (Htet Ye Min, IPC for Communicable Diseases Control and Elimination, PAHO Suriname)

Participant Feedback (Cont'd)

""“I am impressed at how Jamaica has managed not just to talk the talk in terms of its primary health care policy but to walk the walk – A Centre for behaviour change communication – that does this mass testing and helps to essentially keep track of what are social perspectives and get the message out there. I know a lot of countries embrace health promotion, but having people specially trained towards that is impressive, and they also manage to fulfill the horizontal cross-linkages that we talked about. They have managed to train trackers with a programme that they are now going to have at the University Level. So, hats off to Jamaica, their validation is well-deserved, their case tracking system is something I would take back home.” (Dr. Nicholas Elliott)

“What struck me is the breadth of their efforts and the integration. She even mentioned that the hospital was a baby-friendly initiative certified. Sometimes we take for granted that integration element and there seems to be strong leadership of the MCH programme. I liked also that they have integrated HTLV1 testing. I have not heard much so far on HTLV1 testing. So, the breadth of what they are doing for EMTCT is significant and I think they are well on their way. What I would take away is the integration element and the strength of the MCH programme.”

“The presentation was very well done. I was very impressed by the EQA and that she does it single-handedly; and that she includes all the components for all the public labs and does the early infant diagnosis and the viral load. I also learnt a lot about the difference between validation and external quality assurance.” (Dr. Roma Bridgelal-Nagassar, Manager of Medical Research and Audit)

Participant Feedback (Cont'd)

"I was very impressed with Dr. Elliott's presentation. What stood out for me mostly and I am taking back with me is the turnaround time. What I intend to do if we incorporate the case trackers into the turnaround time, we can use them to disseminate results and that would halve the turnaround time that we are having in Guyana. What also stood out is the quality assurance for the rapid testing". (Carol Douglas, PMTCT Nurse – Ministry of Health)



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.

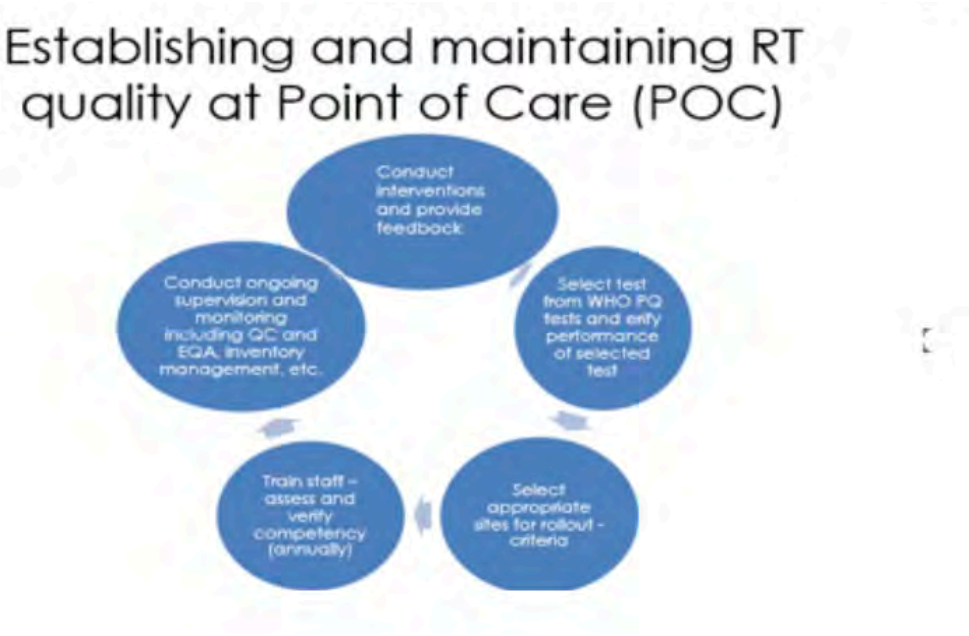
In addition to the good practices that were identified for presentation during the workshop, countries were asked to submit experiences which they would like to share. All the experiences shared will be developed into a booklet and will be circulated to all countries.

Discussion Summary Cont'd

Session 5: Strengthening, expanding and sustaining the EMTCT gains within MCH

a) Scale-up testing at ANC clinics: Use of Rapid test as Point of Care, strategies to utilize Point of Care (PoC) and External Quality Assurance (EQA) guidelines

It is important that countries scale up the use of rapid tests, including the dual rapid tests for HIV and syphilis at ANC clinics. While it is not recommended for countries to change their testing modality, integrating the use of rapid test at the point of services for pregnant who meets certain criteria (i.e. accessing services in rural facilities, accessing ANC late in the trimester, migrant mothers who may not return for the result of the test, etc.)
Proficiency testing for HIV, syphilis and hepatitis is critical to ensure quality care for the population.



It was pointed that under the PAHO EMTCT Plus Project, capacity will be strengthened for the utilization of the RT duo rapid test kits for HIV/syphilis and tests for hepatitis B. Also, Algorithms will be established for the use of HIV/syphilis and Hep B rapid tests at point of care.

Discussion Summary Cont'd

Session 5: Strengthening, expanding and sustaining the EMTCT gains within MCH

b) Strengthening Surveillance for EMTCT within the framework of Maternal and Child Health

The need for adequate Surveillance for EMTCT was an essential is essential. Countries are expected to have in place an adequate surveillance system that can capture and monitor cases. A separate surveillance system for EMTCT is not recommended, but countries should strengthen the existing national system for this purpose.

It was observed that approximately 85% of the countries in the Caribbean are utilizing a perinatal information system known as SIP. While most countries are utilizing the paper-based system, approximately the electronic version is installed in approximately 19 Caribbean Countries and territories. The level to which the electronic system is utilized is not clear, however, it was noted that approximately six of the countries at the workshop with the electronic version, have separate data bases for the monitoring of EMTCT indicators), and none of the countries are utilizing the information generated from the electronic system or the paper-based version to monitor EMTCT indicators. In general, regardless of the electronic or paper-based SIP, the data is not reviewed to support strengthening of program, or EMTCT.

Discussion Summary Cont'd

Session 5: Strengthening, expanding and sustaining the EMTCT gains within MCH

Mariana Gonzalez, Consultant, PAHO/WHO, presenting on the Perinatal Information System

Key Facts About the Perinatal Information System

The Perinatal Information System (SIP) is:
A PAHO Standard for the clinical record of healthcare for women and newborns.

It integrates PAHO toolkit and includes:

- Perinatal clinical record and complementary forms
- Perinatal card
- Free software that allows:
  - Record keeping
  - Database storage
  - Data analysis and indicator reporting

It is installed in 25+ Latin American and Caribbean countries.

The system includes 3200+ tracking variables.

30+ clinical records models.

2500+ health indicators and 30+ automatic indicators report.

The system has all the variables that respond to the EMTCT Plus programmatic and impact indicators.

Discussion Summary Cont'd

Session 5: Strengthening, expanding and sustaining the EMTCT gains within MCH

Roma Bridgelal-Nagesar, Manager of Medical Research and Audi, presenting on the use of the electronic perinatal system in Trinidad and Tobago.

Following a presentation on the electronic perinatal system known as SIP (as some countries are using the electronic version), and its functions to support the detection and monitoring of cases for EMTCT Plus, Trinidad and Tobago presented on the use of SIP, highlighting some of the challenges.

Similarly, Belize presented on the use of the Health Information System and detail it is usage at different level of the health system for the capturing of data and the monitoring of EMTCT Plus strategy.

Discussion Summary Cont'd

Session 6: Norms, Guidance and Tools to Strengthen EMTCT Plus Services within MCH

Simplified generic guidance guidelines for STIs, (which includes viral hepatitis), & EMTCT Plus based on WHO recommendations were presented and will be shared with countries. Guidance for the maintenance and sustainability of the EMTCT gains was also discussed and will be shared with countries.

During the workshop Guyana outlined some of its challenges in monitoring the EMTCT strategy within MCH. As a result of the difficulty experience, a comprehensive monitoring and evaluation tool was developed and is now used at local and national levels.

Over the course of the workshop, several recommendations were made by the participants, which are in line with the project's deliverables e.g. south-south cooperation, strengthening of the primary prevention and laboratory services in addition to technical support for countries to advance EMTCT validation of HIV, syphilis and hepatitis B.

Discussion Summary Cont'd

Session 6: Norms, Guidance and Tools to Strengthen EMTCT Plus Services within MCH

Participants from Anguilla, Grenada and The Bahamas reviewing action for the work plan to strengthen EMTCT Plus within MCH

Prior to the end of the workshop, countries reviewed the activities from the project and developed a small work plan. Included in the work plan are activities based on experiences and lessons learned that can be adapted. It is anticipated that these activities will form part of any plan at the national level for disease elimination or EMTCT.

Countries were also informed that they will be receiving a one-time start-up donation under the project to facilitate the use of rapid tests, based on criteria they established for MCH. Information will be forwarded through the respective PAHO/WHO country offices.

Chief Medical Officer and Maternal and Child Health Coordinator, Ministry of Health Dominica

The formation of a community of Practice to keep health care professionals from MCH connected, was discussed and agreed with by all participants, including the two CMOs who attended.

The Caribbean Community of Practice (CCoP) is intended to function as a network of MCH coordinators, service providers, HIV programme managers, EMTCT coordinators, and laboratory personnel who support the inter-programmatic response to MCH and EMTCT Plus services. The aim of the CCoP is to establish a virtual platform for the continuous exchange of best practices, experiences, and innovative approaches to strengthen maternal and child health and interventions for the EMTCT of HIV, syphilis and hepatitis in the Caribbean so as to sustain the gains.
This concept was well embraced by the participants, and it was agreed that implementation of this strategy will be advanced to take advantage of this opportunity under the project.

Benefits of the Caribbean Community of Practice for Maternal and Child Health

- Ongoing exchange of information, ideas and learning experiences
- Capacity building through virtual webinars and other e-training
- Sharing of innovations and materials to support the ongoing quality care for women and children

Participants from Trinidad and Tobago and Turks and Caicos during the plenary session

25 Conclusions and Next Steps

The two days meeting had the active participation of the Chief Medical Officers from Anguilla and Dominica. Participants were engaged, and maternal and child health coordinators were very expressive and were excited that they were involved in the EMTCT dialogue.

PAHO/WHO and organizers such as CARICOM, Caribbean Med Labs Foundation and UNAIDS expressed gratitude for the active participation of everyone.

Immediate next steps:

1. Countries to submit their work plans and data on hepatitis B testing and updated vaccination coverage which are essential to identifying next steps for countries on the path to hepatitis B
2. List of laboratory reagents to be procured under the project will be circulated through the PAHO country offices for approval prior to advancing the process.
3. PAHO/WHO Caribbean Office in collaboration with CARICOM and Caribbean Med Labs Foundation in collaboration with countries organize virtual training, webinars and other agreed actions as identified under the Caribbean Community of Practice (CCoP)

25 Workshop Evaluation

The sentiments expressed in this section are a reflection of thoughts voiced by the participants during the workshop and as part of the formal workshop evaluation.

This workshop reinforced regional momentum for EMTCT Plus. It emphasized technical capacity-building, policy advocacy, health system integration, and cross-country collaboration as core pillars for sustainability. Future workshops should focus on expanded engagement, deeper stakeholder collaboration, and continued knowledge-sharing mechanisms, ensuring long-term impact and regional progress toward EMTCT Plus validation across the Caribbean.

The Caribbean is poised to achieve lasting progress in maternal-child health and disease elimination efforts.

Expectations were successfully met. The methodology to support the lessons learned and experiences was good. Very useful information was shared which can be used. Areas requiring additional focus include country-specific adaptation models, sustainability planning, and practical technical application of new guidelines.

Future engagement through targeted follow-ups and specialized technical sessions to ensure ongoing knowledge exchange and regional progress toward EMTCT Plus implementation and sustainability.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