

**IATT Virtual Discussion Summary**  
**Validation of Elimination of Mother-to-Child Transmission of HIV and Syphilis in Cuba**  
**July 2015**

*This is excellent news indeed for Cuba, and like you mentioned, a clear sign that it is doable to get to a world where all children everywhere born to women living with HIV have an opportunity to be born HIV free and to remain HIV free throughout the breastfeeding period (and even beyond) Zimbabwe has successfully transitioned all sites countrywide to Option B+, and there is need now to focus on supporting women living with HIV to remain engaged in care, and to adhere to their medication - particularly for adolescent girls and young women in whom a lot of psychosocial support is needed to successfully negotiate the demands of being on chronic medication.*

*Key for us will be increasing ANC coverage to 95% of more (current ANC attendance is 93,7% (MICS 2014), getting women to book early (Mean gestational age at booking is still 6-7 months), getting HTC rates to 95% of more and ARV coverage of 90% or more (2013 ARV coverage 82%) We have results from a PMTCT survey conducted in 2014 which is showing MTCT rate of 7%. There is a lot which we still need to do, but tremendous progress has been noted since the launch of the Global Plan (2009 MTCT rate was 30%), and the country is readying itself for pre-validation activities*

Dr. Angela Mushavi, National PMTCT and Pediatric HIV Care and Treatment Coordinator, MOH Zimbabwe

*Cuba becomes the first country in the world to do that. It means that Botswana cannot be the first country then to do that. Botswana can only come second if it works hard to beat other countries to it. Botswana has been doing well and this achievement by Cuba can only inspire other countries like Botswana. Cuba has proved that this can be done and it is a reality.*

*Botswana has never submitted to be validated. The reason being that whilst Botswana is very close to elimination it has not yet achieved the elimination goals and once achieved these goals have to be maintained for some time. Botswana is very close to the elimination MTCT of HIV, data from triangulated sources is showing that the MTCT rate is less than 3% ( Program data , BAIS IV and Spectrum projections showing almost the same figure around 2.0%. for HIV).*

- *HIV testing uptake for pregnant women is 98% (target 98%)*
- *PMTCT uptake is 95% (target 96%)*
- *MTCT rate is 2.0% (target 1%)*
- *HIV positive children initiated on ART is 93% (target 100%).*

Chipso Petlo, National PMTCT Coordinator, Botswana MOH

*Congratulations to Cuba, and for their hard work. They facilitate our work, and we think our dream is here, and near us.*

Souhaila Bensaid P. Tunisian Association of Positive Prevention

*We congratulate Cuba for their remarkable and amazing job. We are ready to learn from their experiences and also commuted to have an HIV-free generation.*

Yetimwork from Ethiopia, IATT, focal point for EMTCT

*As this is a great hope that we can achieve EMTCT, all country MOH should address respective service delivery issues, infant feeding and adherence to ARVs that it is directly related to maternal and child health care and also need strong public/private relationship.*

Aniley Abebe, FGAE, Ethiopia

*I believe this is possible if we have the leadership and commitment from the powers that be.*

Dr. Cuallau Jabbeh Howe, MOH Liberia

*Congratulations Cuba - truly a landmark occasion and indeed a beacon to us all. I am not an expert on Cuba but it is a fairly 'closed' population with little migration and movement of people, also the health system is very strong for a whole other set of reasons. I would strongly recommend the following publication since I think it clearly sets out some of the reasons why there aren't more Cubas, the reasons are manifold and complex.*

<http://www.salamandertrust.net/resources/BuildingASafeHouseOnFirmGroundFINALreport190115.pdf>

*However having health systems that can talk to each other (e.g. a HIV specialist linked to Ob/Gyn teams linked to paediatricians, linked to essential monitoring services, linked to PLHIV support services) that have genuine interest in this work and don't see it as another burden to their already huge workload would be a real advantage.*

*In Nepal where I now live this is very far from the case. The incredibly high stigma and overt discrimination would prevent many women from disclosing their HIV status when visiting a gynaecologist/obstetrician - leaving the onward transmission of the virus from parent to child down to pure chance - or they 'decide' they won't have children - which is hardly a choice in the circumstances. Knowledge here about PMTCT is very low and there is little to no real support. Whilst visiting the one viral load testing centre, I witnessed a woman living with HIV breastfeeding her 17 month old baby. Did I mention resources? And resources that get through to the individual.*

Liz Tremlitt, Nepal

*It is thrilling to read all the responses.*

*In addition to Dr Yayeh Negash's contribution, I want to add the emphasis on strengthening of the community health (and other relevant) systems in support of the mothers, their infants and families. This support should extend seamlessly from the facilities to the community (and vice versa) i.e. a functional linkage between the health and community systems based on local context (homogeneity of the systems should never be assumed).*

Dr. Gregory Jagwer, HIV & AIDS Advisor, Africa, Save the Children USA

Many thanks and congratulations for this work done!

Maurice Mudimbe Kulungu, Directeur Exécutif National de la COPDECO-ONGD, DRC

*Kudos to Cuba for being the first to achieve this target. It is also possible for other countries to follow. But we should note that this achievement was not by empty political will and promises but with strong government commitment and support. Many of us desire to reach the same goal but our governments need to wake up and see the elimination target as one that must be achieved.*

Emma Abatta, Nigeria

*It's really good Cuba has taken a bold step. Am impress. WHO should help other countries.*

Philomena Mireku, MOH Ghana

*This is good news from Cuba although many countries focus mainly on EMTC of HIV with no emphasis on other sexually transmitted infections like syphilis which if they go unchecked pose a health risk to both mother and child.*

T. Westerhoff, UK

*This news from Cuba is, indeed, very inspiring. It confirms that it is possible even in the Low-to-middle income countries. My country, Uganda is on the right track to achieve the same goal that Cuba has attained only that we need to improve on the way we trace defaulters.*

*We also need to strengthen the health systems by providing more resources to the health facilities. Adequate training of human resource for health should be accelerated. This area of human resources for health is still not emphasized in my country. The available training facilities are poorly facilitated and equipped. Congratulations to Cuba*

Jasper Ogwai, Uganda