



www.figo.org

Contents lists available at ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo

POLICY AND PRACTICE

Prevention of mother-to-child transmission of syphilis and HIV in China: What drives political prioritization and what can this tell us about promoting dual elimination?

Dadong Wu^a, Sarah Hawkes^{a,*}, Kent Buse^b^a Institute for Global Health, University College London, London, UK^b The Joint United Nations Programme on HIV/AIDS (UNAIDS), Geneva, Switzerland

ARTICLE INFO

Keywords:

Agenda-setting
China
HIV
Mother-to-child transmission
Syphilis

ABSTRACT

Objective: The present study aims to identify reasons behind the lower political priority of mother-to-child transmission (MTCT) of syphilis compared with HIV, despite the former presenting a much larger and growing burden than the latter, in China, over the 20 years prior to 2010. **Methods:** We undertook a comparative policy analysis, based on informant interviews and documentation review of control of MTCT of syphilis and HIV, as well as non-participant observation of relevant meetings/trainings to investigate agenda-setting prior to 2010. **Results:** We identified several factors contributing to the lower priority accorded to MTCT of syphilis: relative neglect at a global level, dearth of international financial and technical support, poorly unified national policy community with weak accountability mechanisms, insufficient understanding of the epidemic and policy options, and a pre-vailing negative framing of syphilis that resulted in significant stigmatization. **Conclusion:** A dual elimination goal will only be reached when prioritization of MTCT of syphilis is enhanced in both the international and national agendas.

© 2015 World Health Organization; licensee Elsevier. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Background

Mother-to-child transmission (MTCT) of syphilis can result in a spectrum of adverse outcomes, including stillbirths, neonatal deaths, premature and low birth weight infants, as well as congenital deformities [1,2]. In China, the reported incidence of congenital syphilis increased rapidly from 0.01 cases per 100 000 live births in 1991 to 64.41 cases in 2009 [1,3]. In 2009, 10 757 congenital syphilis cases were reported [3], compared with 57 cases of MTCT of HIV [4]. Further, according to health economic estimations, averting a single case of MTCT of syphilis in China costs approximately US \$4391 [5], compared with US \$7420 to avert an MTCT of HIV case [6].

Despite evidence of a rapidly increasing burden, the cost-effectiveness of (simple) interventions, and the existence of promising pilot programs at a local level [5], the prevention of MTCT (PMTCT) of syphilis was not a health policy priority in China prior to 2010. In contrast, PMTCT of HIV was high on the health agenda despite the relatively small number of cases reported annually. In 2004, the Ministry of Health (MOH) issued the National Working Guidelines to Prevent Mother-to-Child Transmission of HIV [7,8], which set targets to screen 85% of

pregnant women for HIV and provision of comprehensive care for 90% of mothers living with HIV and their infants. In 2006, the provision of PMTCT of HIV services was ratified by the Regulations on Prevention and Treatment of HIV/AIDS [8]—the first State Council decree directly aimed at controlling HIV.

In June 2010, the MOH (finally) issued the China 2010–2020 Plan for Syphilis Control and Prevention [9], indicating the beginning of national government commitment to control MTCT of syphilis. This plan set an overall target to reduce the incidence of MTCT of syphilis through dual control with MTCT of HIV to below 15 per 100 000 live births by 2020, as well as several stepwise but ambitious benchmarks for antenatal syphilis screening coverage (80% by 2015 and 90% by 2020) and intervention uptake among infected mothers and their infants (90% by 2015 and 95% by 2020). Three months later, in the National Guidelines for the Management of HIV Control Programs [10], the MOH further committed to providing integrated HIV, syphilis, and hepatitis B interventions for 80% of all pregnant women by 2015.

How and why did MTCT of HIV rise more swiftly and resolutely on the health agenda, particularly given its comparatively far lower burden? Herein, we investigate the contrasting cases of issue agenda-setting (i.e. generation of policy priority) [11] for the prevention of syphilis and HIV among pregnant women. By comparing the responses to these two infections we seek to understand the determinants of prioritization within the Chinese health policy arena. Lessons for

* Corresponding author at: UCL Institute for Global Health, 30 Guilford Street, London, WC1N 1EH, UK. Tel.: +44 207 905 2120.
E-mail address: s.hawkes@ucl.ac.uk (S. Hawkes).

political priority generation for MTCT of syphilis, particularly in relation to effective implementation of dual control with MTCT of HIV, are also explored.

2. Materials and methods

We used a policy framework developed by Shiffman [12], which assesses political prioritization across nine factors, to explore facets of agenda-setting for both infections. Through documentation review, stakeholder interviews, and nonparticipant observation of relevant meetings/trainings, policy-relevant data were collected and triangulated to minimize bias. We reviewed multiple types and sources of documentation, including government reports and policy documents, technical guidelines, epidemiological and implementation reports, training materials, published research, and mainstream media coverage.

From September 2011 to August 2012, we conducted 24 interviews at national ($n = 9$), provincial ($n = 3$), and city levels ($n = 12$). Informants were identified through consultation of documents and interviewee referrals. Interviewees included heads and program directors in national institutions, representatives of international agencies, local health officials, heads and directors in implementing institutions/hospitals, and academics. Nobody declined to be interviewed. Seven policy-relevant events were observed, including meetings and trainings relevant to PMTCT of HIV and syphilis at national ($n = 1$), provincial ($n = 1$), and city levels ($n = 4$), as well as national academic conferences ($n = 1$). Access to meetings was facilitated by stakeholders.

Interview and observation transcripts/notes and all documents were compared to verify the accuracy of information, coded for factors relevant to agenda-setting, and managed with NVIVO 10 (QSR international). Factor codes were grouped into themes allowing revision of existing themes and inclusion of emerging themes during iterative data analysis.

Drawing on these themes, we modified Shiffman's framework [12] to capture China's unique health policy context.

Ethical approval for this study was obtained from the Research Ethics Committee of University College London, United Kingdom.

3. Results

As shown in Table 1, prior to 2010, the levels of political priority received by and resources allocated to MTCT of HIV and syphilis varied markedly. PMTCT of HIV became one of the country's foremost health priorities around 2004, when the State Council AIDS Working Committee was established [8]. Financial inputs from central government increased from 6.43 million Yuan per year in 2003 to 82.66 million Yuan per year in 2009, facilitating expansion of the national PMTCT of HIV program from one pilot county in 2002 to 453 county-level divisions (out of 2862) in 2009 [4,13]. The rate of MTCT of HIV fell significantly from 30% in the early 2000s to 9% in 2009 [4]. For MTCT of syphilis control, however, special funding was not allocated and technical guidelines were not developed before 2010. Intervention coverage data were not available during this period, but the rapid rise in incidence suggests coverage was probably low. Several factors, as suggested by Shiffman [12], may have accounted for the differences observed in health policy priorities of MTCT of HIV and syphilis.

3.1. Global shaping of national norms

International advocates and organizations draw national political attention to particular issues through strategies, such as the promotion of norms, to set expectations for appropriate behaviors of national decision-makers [14]. From the early 2000s onwards, United Nations (UN) Millennium Development Goal 6 (to halt and reverse the spread

Table 1

Comparison of political attention and resources allocated for mother-to-child transmission (MTCT) of syphilis and HIV in China, 1991–2010.

	MTCT of syphilis	MTCT of HIV
1991–2000	First sentinel site established in 1991 [1] National standard of the People's Republic of China: diagnostic criteria and management of syphilis (GB 15974-1995) issued by the Ministry of Health (MOH) in 1996, recommended syphilis screening for high risk groups	First sentinel site established in Yining, Xinjiang Province, in 1997 [13]
2001–2005		Commitment to provision of prevention of mother-to-child transmission (PMTCT) of HIV services first mentioned in China Action Plan on HIV/AIDS Containment and Prevention (2001–2005) issued by the State Council in 2001 First pilot program initiated in Shanghai, Henan Province, by the MOH in 2002 [13] Former Premier Wen Jiabao visited AIDS patients at Ditan Hospital, Beijing, on World AIDS Day in December 2003 [7] The "Four Frees and One Care" policy initiated in 2003, indicating provision of free counselling, testing, and treatment to HIV-positive pregnant women and their infants [7] PMTCT of HIV was included in government annual budget planning and 6.43 million Yuan allocated from central government finance in 2003 [4] State Council AIDS Working Committee established in 2004 [7] Working Guidelines to Prevent Mother-to-Child Transmission of HIV issued by the MOH and national working group for PMTCT of HIV established in 2004 Provision of PMTCT of HIV services ratified by Regulations on Prevention and Treatment of HIV/AIDS (the State Council Decree No. 457) in 2006 China's Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006–2010) issued in 2006 PMTCT of HIV Monitoring and Evaluating Guidelines issued by the MOH in 2006 The Prevention of Mother-to-Child Transmission Management Online Information Direct Reporting System was activated in 2008 [4] PMTCT of HIV was included in the Major Program of Public Health Services by the MOH in 2009 Central government funding gradually increased 82.66 million Yuan and PMTCT of HIV program expanded to 453 counties in 2009 [4] National guidelines for the management of HIV control programs issued by the MOH in 2010, indicating:
2006–2010	China 2010–2020 Plan for Syphilis Control and Prevention issued by the MOH in 2010	<ul style="list-style-type: none"> • the coverage of 1156 county-level divisions in all provinces • the provision of integrated HIV, syphilis, and hepatitis B testing for over 80% of all pregnant women before 2015 • the provision of free treatment for at least 90% of the infected mothers and their infants before 2015

Download English Version:

<https://daneshyari.com/en/article/3954171>

Download Persian Version:

<https://daneshyari.com/article/3954171>

[Daneshyari.com](https://daneshyari.com)