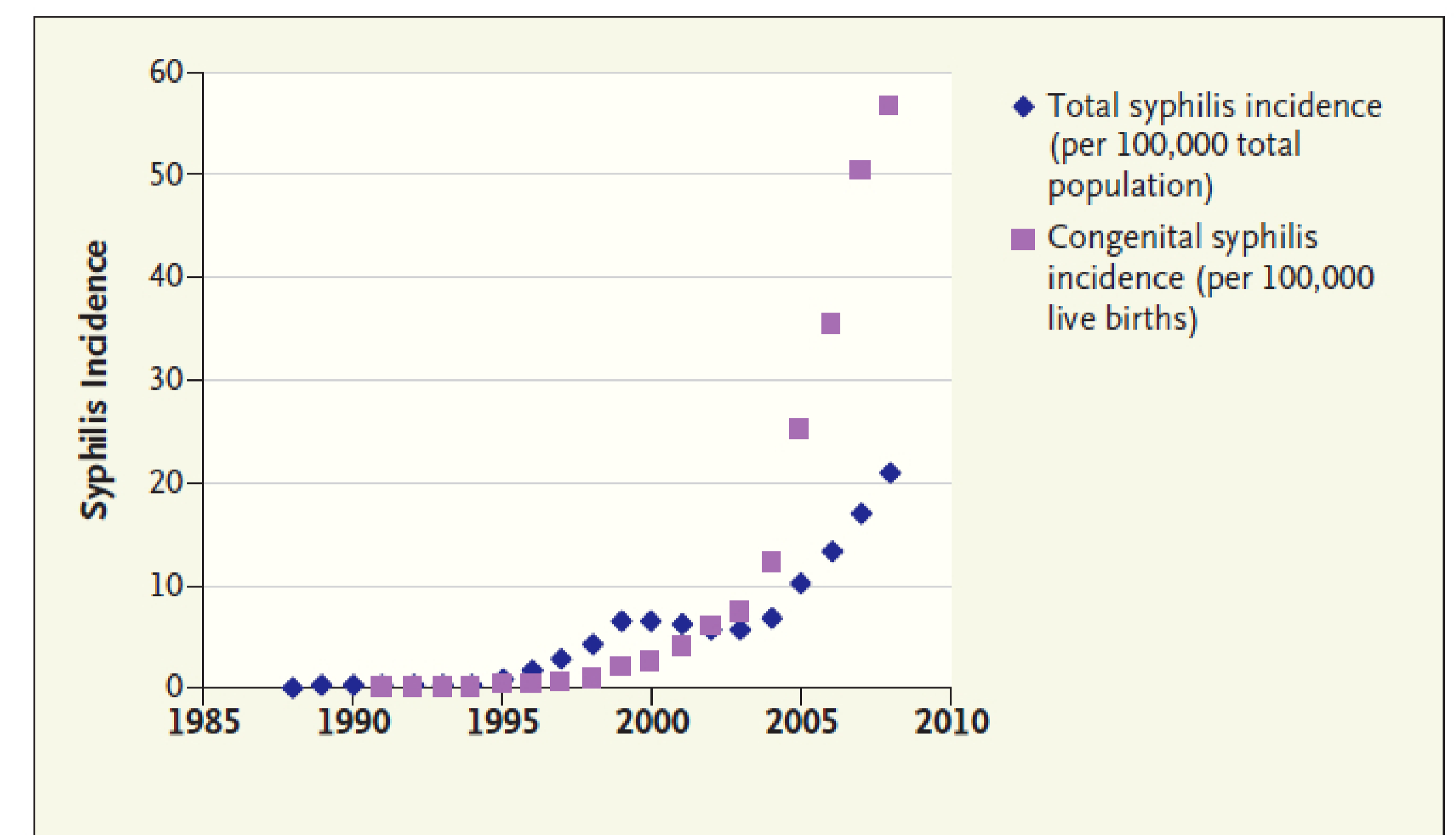


## INTRODUCTION

### Political priority of mother-to-child transmission (MTCT) of syphilis in China

- A large and growing burden of MTCT of syphilis over the past 20 years – the reported incidence increased from 0.01 cases per 100,000 live birth in 1991 to 64.41 cases in 2009
- The problem received far less attention and fewer resources than MTCT of HIV, the burden of which was far smaller
- The Ministry of Health issued the first national plan for syphilis control in 2010, aiming to reduce the reported MTCT of syphilis incidence through dual elimination with MTCT of HIV to below 15 per 100 000 live births by 2020

Figure 1. Reported incidence of syphilis and congenital syphilis in China<sup>1</sup>



## OBJECTIVES

1. To understand why MTCT of syphilis had a lower political priority than MTCT of HIV before 2010
2. To explore what factors and actions would improve the prospects of successful implementation of dual elimination of MTCT of syphilis and HIV in China

## METHODS

- A comparative policy analysis of control of MTCT of syphilis and HIV in China
- Data collected and triangulated through informant interviews, documentation review, and nonparticipant observation of relevant meetings/trainings
- *Process tracing* used to explore the processes of agenda setting for control of MTCT of syphilis and HIV
- Policy data analysed by using Shiffman's nine-factor framework<sup>2</sup> which assesses political prioritization across three categories, allowing inclusion of additional factor(s)

## ANALYTICAL FRAMEWORK

### Shiffman's nine-factor framework

- Transnational influence: Norm promotion, resource provision
- Domestic advocacy: policy community cohesion, political entrepreneurship, credible indicators, focusing events, clear policy alternatives
- National political environment: political transitions, competing health priorities

### Additional factor

- Framing of issue

## RESULTS

Factors contributing to the lower priority accorded to MTCT of syphilis in China prior to 2010:

- Relative neglect of at a global level - MTCT of syphilis did not reach UN General Assembly as MTCT of HIV did and there was no global reporting instrument
- Dearth of international financial and technical support for control of MTCT of syphilis in China
- Poorly unified national policy community with weak accountability mechanisms unclear leading institution
- Insufficient understanding of the epidemic and policy options among China's national decision makers
- A prevailing negative framing of syphilis linking it immorality and criminality that resulted in significant stigmatization

## CONCLUSION

China's goal of dual elimination of MTCT of syphilis and HIV will only be achieved when equal priority is accorded to both infections. This will require:

- Stronger cohesion and leadership from the MTCT of syphilis policy community
- The policy community reframes the issue so as to overcome stigmatization against those affected by the illness
- The policy community organizes focusing events to attract political attention
- The MTCT of syphilis policy community works more closely with the MTCT of HIV policy community in order to enhance the recognition of the need to control MTCT of syphilis on both the national and sub-national agendas

Source: 1. Surveillance data from the National Center for STD Control, China CDC

2. Shiffman J. Generating political priority for maternal mortality reduction in 5 developing countries. *Am J Public Health*. 2007;97:796–803.