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**Regional Challenges in Latin America: Elimination of Congenital Syphilis**

Syphilis remains an important public health problem in Latin America (LA). The consequences of untreated syphilis in pregnancy include congenital syphilis and adverse pregnancy outcomes. Maternal syphilis is several times more frequent than HIV infection in pregnant women in LA. Prevention of congenital syphilis (CS) and stillbirth is possible, with relatively simple and cost effective interventions directed towards women during prenatal care: screening for syphilis, treatment of positive cases and treatment of the partner. In many countries policies to promote elimination of CS are in place, but implementation is poor, resulting in high rates of CS and of stillbirths. In the PAHO/WHO Region, HIV/STI Plan for the Health Sector 2006-2015 included as one of its goals the elimination of congenital syphilis.

In 2008, ALACITS performed a survey to National STI Program Coordinators from 19 LA countries (Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the Dominican Republic, Uruguay and Venezuela), revealed that only 10 had an active system for screening pregnant women for syphilis. The commitment to eliminate congenital syphilis has been taken up by all 19 countries but at least 12 out of the 19 are still far from reaching the minimum acceptable rate of 0.5 cases per 1000 live births suggested by PAHO. Bolivia and Paraguay are the countries that must make a greater effort to reach the proposed goal. Some of these countries do not consider the reporting of congenital syphilis or maternal syphilis to be compulsory, so it is not clear what the magnitude of the problem is. There are some recent and interesting developments in some LA countries trying to advocate at the community level and governmental level, actions for the elimination of CS.