

## Agreement for action:

# 15 key recommendations to eliminate syphilis and congenital syphilis in the Americas

From 1 to 3 July 2025, representatives from primary health care programs, elimination of mother-to-child transmission programs, sexually transmitted infection (STI) response programs, civil society, academia, and public health institutions from 23 countries in the Americas gathered in São Paulo, Brazil.

The participants noted that the most recent national and regional data show that, in addition to having the highest syphilis rates in the world, the Region of the Americas is experiencing an alarming upward trend in both syphilis and congenital syphilis. This progression, which has reached epidemic levels, requires urgent collective action to reverse the situation and protect public health.

They therefore call on government leaders, health professionals and academics, professional associations, international cooperation agencies, civil society, and the community at large to prioritize the response to the syphilis and congenital syphilis epidemic in the Americas, with a focus on primary health care.

Participants recommended 15 strategic actions for the Region of the Americas to address the transmission of syphilis and its effects on pregnant women, the fetus, the newborn, and the general population. These are:

1. Ensure the allocation of resources for an integrated and interdisciplinary response to syphilis and congenital syphilis, and ensure that governments prioritize this agenda in public policies with clear accountability mechanisms.
2. Encourage local leadership with intersectoral approaches, context-specific response processes and actions, local review and improvement committees, and national recognition through subnational certification.
3. Build alliances for action, with educational institutions, scientific societies, and health professional associations to promote and lead actions, within their areas of influence, contributing to the elimination of syphilis and congenital syphilis.
4. Screen all women of reproductive age and their partners, as well as other people at risk. To this end, integrate and expand access to syphilis screening, treatment, confirmation, and notification in all services, with an emphasis on primary care and other services, such as HIV and STI services, emergency rooms, gynecological units, and others.
5. Strengthen prenatal care with person-centered prevention, education, information, and screening measures and extend these actions to the sexual partners of pregnant women.
6. Have interoperable surveillance systems that individually report confirmed syphilis cases with more sensitive case definitions for pregnant women; strengthen notification to reduce underreporting, review and clean data to eliminate overreporting, and integrate surveillance actions with primary care and other health services to identify hotspots, outbreaks, and vulnerable populations. Surveillance data should also serve as a basis for procurement planning and supply coordination.

7. Implement inclusive policies that facilitate and promote access of sexual partners and contacts to health services for syphilis screening and treatment, integrated with other health interventions. For example, consider measures such as extended health unit hours, telemedicine, expedited treatment, and self-testing adapted to local contexts to ensure treatment and promote men's access to health services.
8. Adopt regulations that allow trained non-laboratory personnel to perform rapid syphilis and dual syphilis/HIV tests outside of laboratories, supported by strong existing World Health Organization recommendations. The Region of the Americas is facing an emergency situation that justifies the adoption of exceptional public health measures, even in countries with more restrictive regulations.
9. Ensure quality control systems for laboratories and providers for rapid and non-treponemal tests, including participation in external quality assessment programs.
10. Adequate treatment is a cornerstone for eliminating syphilis and congenital syphilis. To this end, it is necessary to:
  - a) Ensure local and regional availability (including through regional production and joint procurement) and continuously monitor the availability of inputs and demand planning.
  - b) Implement test-treat-confirm and notify strategies. That is, perform point-of-care rapid testing, initiate treatment immediately, and ensure follow-up and retention in the health system for confirmation and notification.
  - c) Promote the expansion of the role of nursing staff and other health professionals so they can prescribe and administer syphilis treatment, in coordination with national professional associations (nursing, obstetrics), to advance toward person-centered care.
11. Promote the adoption of a National Syphilis and Congenital Syphilis Day on 28 October and request its adoption regionally across the Americas.
12. Revitalize and expand communication, marketing, sex education, and information strategies, including promotion of correct and systematic condom use and service demand generation, such as syphilis testing, for healthy sexuality.
13. Involve civil society in the response, including women's, youth, and child organizations, education sector (e.g., ministries of education), private sector, unions, and key community actors, recognizing their fundamental role in a comprehensive and sustained response to syphilis and congenital syphilis, free of stigma and discrimination. Encourage civil society-led activities and integrate them with public services.
14. Ensure access to services that respect confidentiality and individual rights, without prejudice, for prevention, screening, and treatment of syphilis in key populations, along with access to supplies and monitoring of availability.
15. Promote applied research to eliminate syphilis and congenital syphilis, including the development and validation of new technologies for prevention (e.g., doxy-PEP), diagnostics (e.g., treponemal/non-treponemal tests), and treatments (e.g., new schemes or drugs), as well as operational research to design, implement, and evaluate innovative models of care, especially in primary health care.

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