

# Ethiopia: PMTCT



UNITE FOR CHILDREN  
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## Statistics, 2010

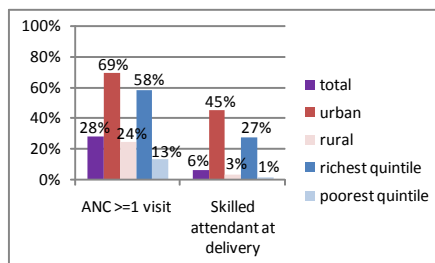
Estimated # of children (0-14) living with HIV	--
Population	82,825,000 (2008)[8]
Annual births	3,132,000 (2009)[8]
Neonatal mortality rate	41/1,000 (2004)[15]
Infant mortality rate	67/1,000 (2009)[9]
Under 5 mortality rate	104/1,000 (2009)[9]
Maternal mortality ratio	470/100,000 (2008)[16]
Adult (15-49) HIV prevalence	-
HIV prevalence young people (15-24)	females: - males: -
Estimated # of pregnant women living with HIV	17,000-51,000 (2009)[12]
Exclusive breast-feeding for infants <6 months	49% (2005)[10]
Comprehensive knowledge about HIV (15-24 yrs)	females: 20% males: 33% (2005)[10]
Condom use at last higher-risk sex (15-24)	females: 28% males: 50% (2005)[10]
Unmet need for family planning:	22% (2005)[10]
% ANC facilities that provide testing and ARVs for PMTCT	86% (2008)[12]
Timing of first ANC visit (months)	No ANC: 72% <4 months: 6% 4-5 months: 10% 6-7 months: 9% 8+ months: 3% (2005)[10]
% of women attending at least 4 ANC visits during pregnancy	overall: 12% urban: 55% rural: 8% (2005)[10]

*Prevalence estimates are under revision but there is reportedly significant variation in prevalence by place of residence*

In 2005, the adult HIV prevalence was 1.4%. UNAIDS estimates are currently under revision; new estimates are expected in 2011. Prevalence among pregnant women between the ages of 15 and 24 is higher, at 3.5%. [5] Levels of infection are higher among urban residents (7.7%) than rural residents (0.9%). [5]

*Levels of maternal care are low overall, and glaringly so among rural & poor*

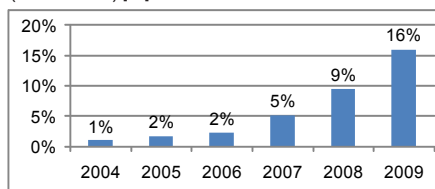
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2005) [10]



2005 data suggests that only 28% of Ethiopian women attend ANC during pregnancy, and only 6% deliver with a skilled attendant. Rates of antenatal care coverage and use of skilled attendants at delivery tend to be higher among urban residents (69% and 45% respectively) than rural residents (24% and 3% respectively), and the vast majority of Ethiopians live in rural areas.

*More pregnant women are being tested for HIV each year, though greater efforts are needed*

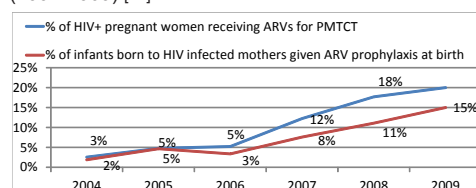
Trends in the percentage of pregnant women tested for HIV (2004-2009) [12]



Rates of HIV-testing of pregnant women within the context of PMTCT reached 16% in 2009. Though 86% of ANC sites offer PMTCT services [12], ANC sites themselves are too few and far between.

*A fifth or fewer of the women and children that need PMTCT services to prevent new infections in children receive them*

Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [12]



Between 13% and 40% of HIV-positive pregnant women and 15% of HIV-exposed infants received ARVs to avert new infections in children in 2009. Some progress is evident, though robust efforts will be needed if Ethiopia is to meet its national targets for PMTCT by 2014.

## National Targets by 2014 [1]

- Reduce national HIV incidence by 50%
- 70% of HIV positive pregnant women receive complete ARV prophylaxis
- 83% of women receive 4+ ANC visits
- 80% of women receive skilled assistance at delivery

## Strategic Focus of National Plan [1]

- Improve health infrastructure
- Improve antenatal care (ANC) and institutional delivery coverage
- Strengthen integration of PMTCT with maternal, newborn and child health (MNCH) services in health facilities
- Promote routine offer of HIV testing to all pregnant women attending ANC
- Strengthen links between PMTCT and health extension service programmes
- Involve private health facilities in PMTCT service provision
- Increase access to PMTCT services
- Community mobilization, with a particular emphasis on engaging women's associations for mobilizing increased uptake of maternal and child health services

## POLICY ENVIRONMENT

- Multi-sectoral HIV plan (2010-2014) in place; Health Sector Development programme plan (2010/2011-2014/2015) pending.
- New WHO PMTCT protocols have not been formally adopted.

## BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R 2, 4 & 7 [2]
- GFATM R7/RCC PMTCT re-programming underway.
- PEPFAR programme country

## Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 10.2% [4]
- Total Health Financing: [7]  
Out of pocket: 32%; Public: 18%; Aid: 43%; Private (risk pooled): 8%

## THE BOTTOM LINE

If Ethiopia is to meet its targets for PMTCT by 2014, the following actions are essential:

- ✓ **intensified efforts to prevent new infections** among women of childbearing age and **to provide family planning services** to HIV-positive women.
- ✓ **increasing equitable access to care**. Increased access to antenatal care will increase the use of PMTCT services. Additionally, high out-of-pocket spending on health may deter service usage, and must be addressed.
- ✓ **increasing access** to more efficacious PMTCT regimens, including ART for eligible women.
- ✓ **improving the quality** of maternal and child health services.

# References



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