

Ghana: PMTCT



UNITE FOR CHILDREN
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Statistics, 2010

Estimated # of children (0-14) living with HIV	27,000 [14,000 - 41,000] (2009)[9]
Population	23,837,000 (2009)[7]
Annual births	766,000 (2009)[7]
Neonatal mortality rate	43/1,000 (2004)[16]
Infant mortality rate	47/1,000 (2009)[8]
Under 5 mortality rate	69/1,000 (2009)[8]
Maternal mortality ratio	350/100,000 (2008)[14]
Adult (15-49) HIV prevalence	1.8% [1.6% - 2.0%] (2009)[9]
HIV prevalence young people (15-24)	female: 1.3% [0.9% - 1.8%] male: 0.5% [0.4% - 0.7%] (2009)[9]
Estimated # of pregnant women living with HIV	13,000 [6,900 - 20,000] (2009)[11]
Exclusive breast-feeding for infants <6 months	63% (2008)[10]
Comprehensive knowledge about HIV (15-24 yrs)	female: 28% male: 34% (2008)[10]
Condom use at last higher-risk sex (15-24)	female: 28% male: 46% (2008)[10]
Unmet need for family planning:	35% (2008)[10]
% ANC facilities that provide testing and ARVs for PMTCT	19% (2009)[11]
Timing of first ANC visit (months)	No ANC: 4% <4 months: 55 % 4-5 months: 32% 6-7 months: 8% 8+ months: 1% DK: 1% (2008)[10]
% of women attending at least 4 ANC visits during pregnancy	overall: 78% urban: 88% rural: 72% (2008)[10]

National Targets by 2015 [2]

- 90% of pregnant women use HIV and STI prevention services.
- 90% of HIV infected women and their partners use family planning services.
- 90% of HIV-positive pregnant and lactating women use standardised PMTCT package
- 90% of pregnant and lactating women to use HIV care and treatment.

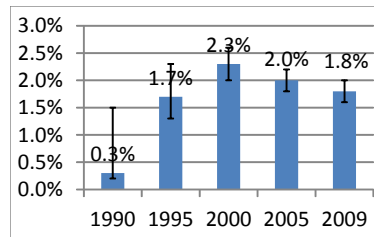
Strategic Focus of National Plan [2]

Integration of PMTCT into maternal and child health and other HIV-related services will be the primary consideration.

- Review, update and disseminate policies, guidelines and standards;
- Strengthen management, resource mobilisation and coordination at all levels;
- Strengthen human resource capacity and promote community involvement;
- Strengthen infrastructure & equipment capacity and procurement/ supply chain management system for PMTCT service provision; and
- Strengthen collection and management of strategic and operational information

Levels of HIV infection among adults is declining; young women show greater risk of infection than young men

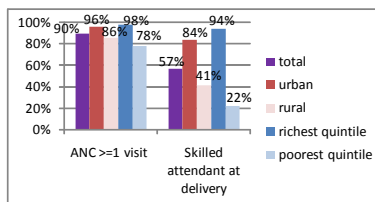
Adult HIV (15-49) prevalence (%) (1990-2009) [9]



Nationally, HIV prevalence among adults is estimated to be 1.8% in 2009. However, prevalence is much higher among women attending ANC, at 2.9%. [13] Levels of infection are nearly 3 times higher among young women (1.3%) than young men (0.5%), [9] and generally higher among urban residents than rural residents. [13] Select regions- Eastern and Ashanti - are home to the greatest percentages of HIV positive people. [13]

Most women receive skilled care during pregnancy; too few rural and poor do during delivery

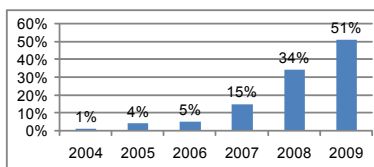
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2008) [10]



Around 90% of women utilized antenatal care services at least once during pregnancy in 2008. 57% received the care of a skilled attendant during delivery, though disparities were pronounced, with utilization by 94% of the richest women and 84% of urban women, but only 22% of the poorest women and 41% of rural women. About 40% of women are accessing antenatal care after the 3rd month of pregnancy. [10]

More pregnant women are testing for HIV each year

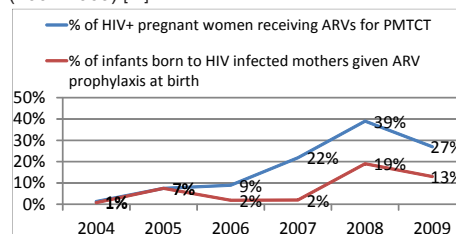
Trends in the percentage of pregnant women tested for HIV (2004-2009) [11]



Testing of pregnant women for HIV has increased steadily, to 51% in 2009. As only 19% of ANC sites offer PMTCT services [11], this suggests that services are being targeted to high volume, high prevalence sites. Though it is home to the second largest sub-national epidemic, the Ashanti region reports the lowest coverage for testing and receiving results, at 24%, indicating that many gaps still remain. [3]

There is some progress in reaching more mothers and babies with ARVs for PMTCT, though too many babies are getting lost along the continuum of care

Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [11]



About one fourth of women (27%) and around a fifth of infants (13%) that needed ARVs to prevent new infections in children received it in 2009. Some national progress in scaling up services is evident, though robust efforts will be needed if Ghana is to meet its national targets for PMTCT by 2015.

POLICY ENVIRONMENT

- Costed 2011-2015 PMTCT scale-up plan in place [17]
- No costed sub-national plans in place [17]
- WHO Option B adopted [17]

BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R1, 5 & 8 [5]
- GFATM R8 funds approved for PMTCT re-programming [15]
- PEPFAR Programme Country

Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 10.7% [1]
- Total Health Financing: [6]
Out of pocket: 50%; Public: 14%; Aid: 22%; Private (pooled risk): 13%

THE BOTTOM LINE

If national targets for PMTCT are to be met by 2015:

- ✓ regional epidemics must inform regional scale-up.
- ✓ **improving equitable access** to skilled attendants at delivery is essential; high out-of-pocket spending on health must be addressed.
- ✓ **increasing availability of PMTCT services** within ANC must be prioritized. The high reach of ANC services is an opportunity to reach HIV-positive pregnant women that should not be missed.
- ✓ **improving quality**, timeliness and continuity of care for both the mother and the child to ensure **both** are reached by PMTCT services is key.

References



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