# India: PMTCT

UNITE FOR CHILDREN
UNITE AGAINST AIDS

## Statistics, 2010

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|---|---|
| Estimated # of children (0-14) living with HIV | -- |
| Population | 1,198,003,000 (2009)[15] |
| Annual births | 26,787,000 (2009)[15] |
| Neonatal mortality rate | 39/1,000 (2004)[19] |
| Infant mortality rate | 50/1,000 (2009)[16] |
| Under-5 mortality rate | 66/1,000 (2009)[16] |
| Maternal mortality ratio | 230/100,000 (2008)[17] |
| Adult (15-49) HIV prevalence | 0.3% - 0.4% (2009)[7] |
| HIV prevalence young people (15-24) | female: 0.1% [0.1% - 0.2%] male: 0.1% [0.1% - 0.2%] (2009)[7] |
| Estimated # of pregnant women living with HIV | 43,000 [23,000 -65,000] (2009)[14] |
| Exclusive breast-feeding for infants <6 months | 46% (2005-2006)[8] |
| Comprehensive knowledge about HIV (15-24 yrs) | females: 20% males: 36% (2005-2006) [8] |
| Condom use at last higher-risk sex (ages 15-24) | female: 22% male: 37% (2005-2006)[8] |
| Unmet need for family planning: | 12.8% (2005-2006)[8] |
| % ANC facilities that provide testing and ARVs for PMTCT | 3% (2008)[14] |
| Timing of first ANC visit (months) | No ANC: 23% <4 months: 44% 4-5 months: 22% 6-7 months: 8% 8+ months: 2% DK: 1% (2005-2006)[8] |
| % of women attending at least 4 ANC visits during pregnancy | overall: 37% urban: 62% rural: 28% (2005-2006)[8] |

***National Programme Targets by 2012*** [9]

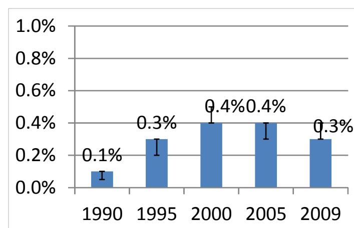
- 80% of HIV-positive pregnant women will be reached by PMTCT services
- 98% of pregnant women who deliver in the public sector will receive antiretrovirals (ARVs) for PMTCT
- 90% of HIV-exposed children will receive co-trimoxazole prophylaxis and have access to early diagnosis by Polymerase Chain Reaction (PCR).

***Strategic Focus of National Plan*** [1]

- Expand PMTCT services and ART for eligible pregnant women through decentralization; integrate with public health services for maternal and child health; & strengthen existing services;
- Phased roll out of more efficacious drug regimens for PMTCT;
- Improve patient data and coordination;
- Improve follow-up of the mother and baby through communities and NGOs
- Policy shift toward universal testing of all pregnant women with HIV, in collaboration with the National Rural Health Mission
- Improve private-public partnerships

### *There may be an overall decline in prevalence of HIV among adults*

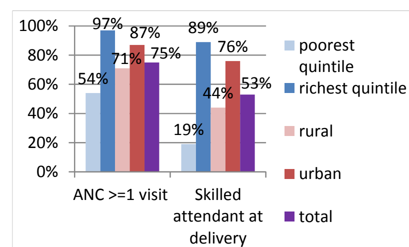
Adult HIV (15-49) prevalence (%) (1995-2009) [11]




The data suggests a possible decline in adult prevalence in the past 2 years, likely due to declining trends in the 6 high prevalence states including Andhra Pradesh, Maharashtra, Karnataka and Tamil Nadu. In these states, HIV prevalence among 15-24 year old women attending ANC declined by 54% between 2000 and 2007. However, there is an increase in many of the low prevalence states. In 2009-2010, unprotected heterosexual intercourse accounted for roughly 87% of all reported cases of HIV infection, and 5.4% were due to mother-to-child transmission. [1]

### *Rural and poor women are missing out on maternal health services*

Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2005-06 [8] & 2007-08 [18])

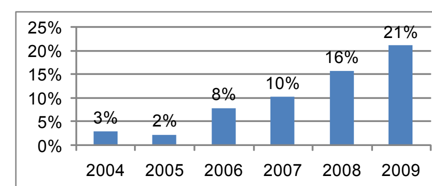



Note: Urban/Rural data from [18] & wealth quintile data from [8]

Overall, 75% of pregnant women received antenatal care in 2007-2008, while only an estimated 53% of them were assisted by a skilled attendant at delivery. Large disparities in antenatal and skilled birth attendance are associated with wealth status and place of residence. For instance, 32% more urban than rural and 70% more wealthy than poor women are assisted by a skilled birth attendant at delivery.

### *Twice as many pregnant women were tested in 2009 than in 2007, though greater progress is needed.*

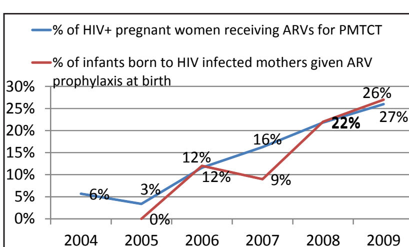
Trends in the percentage of pregnant women tested for HIV (2004-2009) [14]




Despite scale-up efforts, under a fourth of all pregnant women (21%) were tested for HIV in 2009. Only 3% of ANC sites offer HIV-testing services [14] .

### *Only about a quarter of mothers and infants that need ARVs for PMTCT are receiving them*

Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [14]




Between 17 to 48% of pregnant women living with HIV received ARVs for PMTCT in 2009, and about 27% of HIV-exposed infants received ARV prophylaxis. Roughly all mother-infant pairs are provided single-dose nevirapine for PMTCT, [15] though piloting of more efficacious regimens is underway in select high prevalence districts. Robust efforts will be needed to bring services to scale, increase utilization, and improve quality of interventions if national PMTCT targets are to be met in 2012.

## POLICY ENVIRONMENT

- Costed PMTCT scale-up plan included within R10 Global Fund proposal
- WHO Option A adopted

## BUDGET ENVIRONMENT

- Global Funds recipient: R 2,3,4,6 & 7 [5]
- PEPFAR support recipient [12]
- Gates Foundation support recipient
- UNITAID support recipient

Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 3.7% [3]
- Total health financing: Out of pocket: 66.3%; Public: 26.2%; Aid:1.4% [3]

## THE BOTTOM LINE

If India is to meet its targets for PMTCT by 2011, the following actions are essential:

✓ **increasing government spending on health**

✓ **improving equitable access** to and availability of timely and high quality ANC and delivery services. Health strategies should build on community structures to reach women, households & communities.

✓ **addressing barriers to access,** especially stigmatising attitudes toward socially marginalized groups.

✓ **increasing availability of PMTCT services** within ANC and delivery-care settings.

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