

Lesotho: PMTCT



UNITE FOR CHILDREN
UNITE AGAINST AIDS

Statistics, 2010

Estimated # of children (0-14) living with HIV	28,000 [17,000 - 37,000] (2009)[7]
Population	2,067,000 (2009)[19]
Annual births	59,000 (2009)[19]
Neonatal mortality rate	52 /1,000 (2004)[13]
Infant mortality rate	61 /1,000 (2009)[14]
Under 5 mortality	84/1,000 (2009)[14]
Maternal mortality ratio	530 /100,000 (2008)[15]
Adult (15-49) HIV prevalence	23.6% [22.3% - 25.2%] (2009) [7]
HIV prevalence young people (15-24)	females: 14.2% [11.2% - 19.2%] males: 5.4% [4.1% - 7.4%] (2009)[7]
Estimated # of pregnant women living with HIV	14,000 [8,400 - 18,000] (2009)[8]
Exclusive breast-feeding for infants <6 months	54% (2009)[16]
Comprehensive knowledge about HIV (15-24 yrs)	females: 39% males: 29% (2009)[16]
Condom use at last higher-risk sex (15-24)	females: 50% males: 48% (2004)[4]
Unmet need for family planning:	31% (2004)[4]
% ANC facilities that provide testing and ARVs for PMTCT	86% (2009)[18]
Timing of first ANC visit (months)	No ANC: 8% <4 months: 33% 4-5 months: 37% 6-7 months: 19% 8+ months: 3% DK: 1% (2009)[16]
% of women attending at least 4 ANC visits during pregnancy	overall: 70% urban: 83% rural: 66% (2009)[16]

National Targets by 2011 [1]

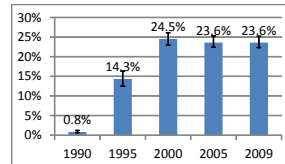
- 100% of pregnant women will access the minimum package for PMTCT
- 100% of HIV-exposed children will access a minimum package of paediatric HIV care and treatment
- 100% of villages mobilised to participate in PMTCT and paediatric HIV care and treatment services

Strategic Focus of National Plan [1]

- Roll out revised guidelines nationwide;
- Strengthen management & coordination of PMTCT and paediatric HIV care and treatment services;
- Integrate PMTCT into routine maternal and child health (MCH) services, and strengthen linkages to family planning, treatment and other programmes;
- Increase access to paediatric HIV care and treatment and infant and young child feeding counselling and support;
- Build capacity for community mobilisation around PMTCT and paediatric HIV care and treatment services; and
- Strengthen monitoring and evaluation of PMTCT and paediatric HIV care and treatment services.

Levels of infections among adults appear to have stabilized; rates among young women far exceed those among young men

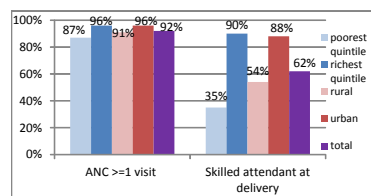
Adult HIV (15-49) prevalence (%) (1990-2009) [7]



23.6% of adults were living with HIV in 2009, as compared to 27% of women receiving antenatal care (ANC) services. [17] Young women (15-24) are nearly three times as likely as young men to be HIV-positive, and ~14% are estimated to be living with HIV. [7] The majority of new infections in 2008 occurred in those reporting a single-partner (35-62%) and people in multiple partnerships (32-59%). [5]

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

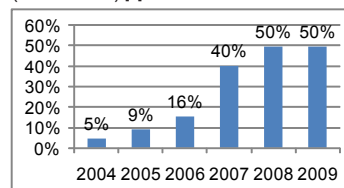
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2009) [16]



ANC coverage was high in 2009, at 92% overall, though ~60% of women received antenatal care after the 3rd month of pregnancy. Overall, 62% of women received the support of skilled professionals during delivery, though disparities by wealth status and residence are pronounced; while 90% of the richest women and 88% of urban women received skilled delivery support, only 35% of the poorest and 54% of rural women did.

Half of all pregnant women were tested for HIV in 2009

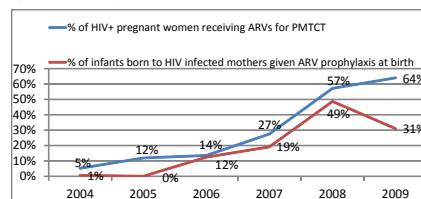
Trends in the percentage of pregnant women tested for HIV (2004-2009) [8]



50% of pregnant women were tested for HIV in 2009. Given that a reported 86% of ANC sites offer HIV testing services [18] and ANC utilization is high, either utilization of testing services is sub-optimal or testing services are not always accessible.

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

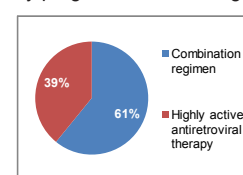
Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [8]



64% of HIV-positive pregnant women received anti-retrovirals (ARVs) for PMTCT; however, only 33% of HIV-exposed infants received prophylactic ARVs for PMTCT. Robust efforts will be needed to meet national PMTCT targets in 2011.

Better drugs to improve the woman's own health and prevent transmission to the child are being provided to mothers

Distribution of anti-retroviral (ARV) regimens received by pregnant women living with HIV, (2009) [8]



In 2009, of women who received ARVs for PMTCT, ~61% were administered a combination regimen and ~40% were given highly active antiretroviral therapy (HAART), or treatment for their own health. Strong national commitment to improving the efficacy of PMTCT services is evident.

POLICY ENVIRONMENT

- Costed 2007/2008 - 2010/2011 PMTCT scale up plan in place
- No costed sub-national plans
- WHO option A adopted

BUDGET ENVIRONMENT

- Global Funds recipient: Rounds 2, 5, 7 & 8 [11]
- PEPFAR Program Country [9]
- Domestic Health Financing
 - Govt expenditure on health, as per cent of total govt spending: 7.9% [2]
 - Total Health Financing: [10]
 - Out of pocket: 26%; Public: 47%; Aid: 15%; Private (pooled risk): 12%

THE BOTTOM LINE

If progress toward national targets is to be made:

- ✓ **preventing new infections** among couples and **promoting access to family planning services** among women living with HIV is essential.
- ✓ **improving equitable access** to skilled attendants at delivery is critical.
- ✓ **increasing access to and utilization 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.

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