

Malawi: PMTCT



UNITE FOR CHILDREN
UNITE AGAINST AIDS

Statistics, 2010

Estimated # of children (0-14) living with HIV	120,000 [68,000 - 170,000] (2009)[12]
Population	15,263,000 (2009)[22]
Annual births	608,000 (2009)[22]
Neonatal mortality rate	26/1,000 (2004)[10]
Infant mortality rate	59/1,000 (2009)[11]
Under 5 mortality rate	100/1,000 (2008)[11]
Maternal mortality ratio	510/100,000 (2008)[18]
Adult (15-49) HIV prevalence	11.0% [10.0%-12.1%] (2009)[12]
HIV prevalence young people (15-24)	female: 6.8% [5.3% - 9.2%] male: 3.1% [2.3% - 4.2%] (2007)[12]
Estimated # of pregnant women living with HIV	57,000 [31,000 - 83,000] (2009)[3]
Exclusive breast-feeding for infants <6 months	57% (2006)[15]
Comprehensive knowledge about HIV (15-24 yrs)	female: 42% male: 42% (2006)[15]
Condom use at last higher-risk sex (15-24)	female: 40% male: 58% (2006)[15]
Unmet need for family planning:	28% (2004)[9]
% ANC facilities that provide testing and ARVs for PMTCT	95% (2009)[21]
Timing of first ANC visit (months)	No ANC: 5% <4 months: 8% 4-5 months: 44% 6-7 months: 41% 8+ months: 3% DK: <1% (2006)[13]
% of women attending at least 4 ANC visits during pregnancy	overall: 57% urban: 65% rural: 56% (2004)[9]

National Targets by 2013 [8]

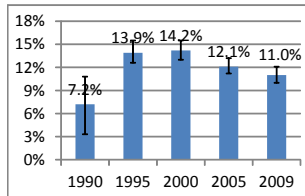
- 80% of pregnant and lactating women receive comprehensive PMTCT services

Strategic Focus of National Plan [8]

- Integrate PMTCT and maternal and child health services;
- Increase access to anti-retrovirals (ARVs)/ co-trimoxazole prophylaxis for HIV-positive pregnant women and HIV-exposed infants, and access to anti-retroviral therapy (ART) for eligible pregnant/lactating women;
- Increase capacity to implement, manage and monitor PMTCT programmes;
- Strengthen the coordination, monitoring, and evaluation systems for PMTCT;
- Strengthen community engagement;
- Integrate family planning/HIV services;
- Routinely offer HIV testing and care to women of childbearing age;
- Promote appropriate infant and young child feeding practices;
- Increase access to and utilization of male and female condoms; and
- Strengthen and scale up youth-friendly health services.

HIV Prevalence has been relatively stable since 1995

Adult HIV (15-49) prevalence (%) (1990-2009) [12]

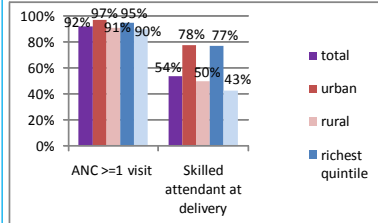


More than one in ten adults is living with HIV.

Prevalence among pregnant women has declined from 22.8% in 1999 to 13.5% in 2007 as measured through ANC sentinel surveillance. [20] Young women (15-24) are over two times more likely to be HIV-positive (6.8%) than young men (3.1%). 37% of new infections are among sero-discordant couples. [6]

Most women attend at least 1 ANC visit; too few rural and poor women deliver with a skilled attendant

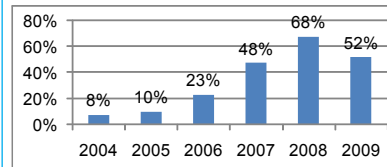
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel, 2006 [15]



92% of women attended ANC in 2006, with little variation by wealth or residence status. Only 54% of women delivered with a skilled attendant. Wealth and residence status disparities in skilled attendant care at birth are pronounced: 78% of urban pregnant women received care, compared to 50% of rural women. 77% of women in the richest wealth quintile received skilled care versus 43% of pregnant women in the poorest quintile.

Only half of all pregnant women are tested for HIV in 2009

Trends in the percentage of pregnant women tested for HIV (2004-2009) [3]

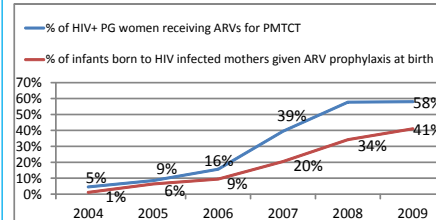


52% of pregnant women were tested for HIV in 2009. Given high ANC utilization and the reported availability of testing services in 95% of ANC clinics, more women should be tested for HIV in ANC.

*Improvements in data collection eliminated double-counting for 2009 data.

Anti-retrovirals (ARVs) for PMTCT for mothers and infants are gradually being scaled up, though too many babies were lost to follow up in 2009.

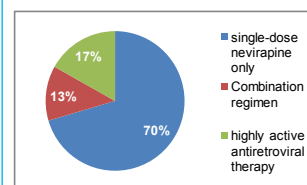
Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004 - 2009) [3]



An estimated 58% of mothers and 41% of HIV-exposed infants were provided with ARVs for PMTCT in 2009. Malawi will be on track to achieve its national targets for PMTCT by 2013 if efforts to scale-up and reduce loss-to-follow up are redoubled.

Combination PMTCT regimens and anti-retroviral therapy (ART) for pregnant women in need of treatment have been introduced

Distribution of ARV regimens received by pregnant women living with HIV, 2009 [3]



In 2009, 70% of women who received ARVs for PMTCT received single-dose nevirapine only (down from 87% in 2008), 13% received a combination regimen (up from 1% in 2008), and 17% received highly active anti-retroviral therapy (up from 12% in 2008).

POLICY ENVIRONMENT

- 2008-2013 costed national PMTCT scale-up plan in place
- No costed sub-national plans
- WHO option B+ protocol adopted

BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R1, 5 & 7 [4]
- GFATM PMTCT re-programming request and R10 application submitted
- PEPFAR program country & PEPFAR Plus Up funds recipient [19]
- Domestic Health Financing
 - Govt expenditure on health, as per cent of total govt spending: 11.9% [1]
 - Total Health Financing: [5]
 - Out of pocket: 9%; Public: 29%; Aid: 43%; Private: 19%

THE BOTTOM LINE

To meet national targets for PMTCT in 2013, the following actions are essential:

- ✓ preventing new HIV infections among young women and couples and promoting access to family planning services among women living with HIV
- ✓ improving equitable access to skilled attendants at delivery
- ✓ improving access to and utilization of PMTCT services within ANC and delivery care settings. The high uptake of ANC services presents an opportunity to reach more pregnant women living with HIV.
- ✓ improving quality, timeliness and continuity of care for both the mother and the child

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