

Mozambique: PMTCT



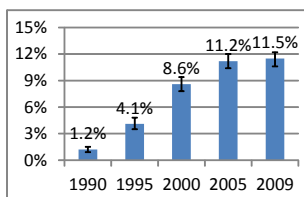
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Statistics, 2010

Estimated # of children (0-14) living with HIV	130,000 [70,000 - 180,000] (2009)[1]
Population	22,894,000 (2009)[19]
Annual births	877,000 (2009)[19]
Neonatal mortality rate	35/1,000 (2004)[4]
Infant mortality rate	96/1,000 (2009)[5]
Under 5 mortality rate	142/1,000 (2009)[5]
Maternal mortality ratio	550/100,000 (2008)[15]
Adult (15-49) HIV prevalence	11.5% [10.6% - 12.2%] (2009)[1]
HIV prevalence young people (15-24)	female: 8.6% [7.0% - 12.1%] male: 3.1% [2.4% - 4.4%] (2009)[1]
Estimated # of pregnant women living with HIV	97,000 [53,000 - 130,000] (2009)[3]
Exclusive breast-feeding for infants <6 months	37% (2008)[2]
Comprehensive knowledge about HIV (15-24 yrs)	female: 14% male: -- (2008)[2]
Condom use at last higher-risk sex (15-24)	female: 44% male: -- (2008)[2]
Unmet need for family planning:	18% (2003)[8]
% ANC facilities that provide testing and ARVs for PMTCT	78% (2009)[20]
Timing of first ANC visit (months)	No ANC: 15% <4 months: 18% 4-5 months: 44% 6-7 months: 22% 8+ months: 2% DK: 1% (2003)[8]
% of women attending at least 4 ANC visits during pregnancy	overall: 53% urban: 71% rural: 45% (2003)[8]

Levels of HIV infection among adults appear to have stabilized, though still high

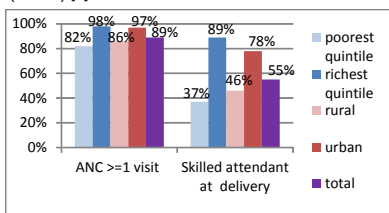
Adult HIV (15-49) prevalence (%) (1990-2009) [1]



Adult HIV prevalence was 11.5% in 2009. Nearly three times as many young women (8.6%) as young men (3.1%) between the ages of 15 and 24 are estimated to be living with HIV. 48% of new cases are estimated to occur among people in steady partnerships. [13]

Most women have at least one contact point with maternal and child health centers during pregnancy

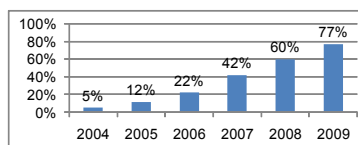
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (%) (2008) [2]



89% of pregnant women attended antenatal care at least once in 2008. However, only 55% of births were assisted by a skilled attendant. Disparities in care are evident for both these measures of maternal care, with proportionally fewer of the poorest and rural women utilizing these services. Evidence from 2003 suggests that most women receive their first ANC visit after the first trimester. [3]

Progressively more pregnant women are tested for HIV, though there is potential for even greater coverage

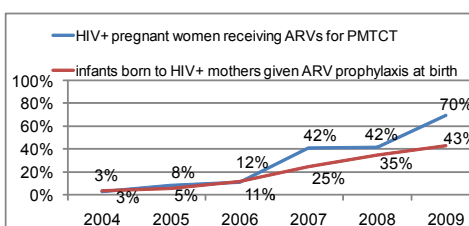
Trends in the percentage of pregnant women tested for HIV (2004-2009) [3]



There has been a steady increase in HIV testing rates since 2004, with 77% of all pregnant women tested for HIV in 2009. Evidence suggests that the introduction of testing services in Labour and Delivery for women with unknown status or testing negative in ANC can be partially credited for this rise. [21] A reported 78% of ANC sites offer testing services. [3]

While there is good progress in reaching more women with PMTCT services, too many babies are still getting lost along the continuum of care

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



In 2009, 70% of pregnant women living with HIV received ARVs to prevent transmission to their child; however, only 43% of HIV-exposed infants received ARVs to prevent HIV-infection. With sustained efforts to improve coverage for mothers and redoubled efforts to improve follow-up and coverage for infants, Mozambique may be on track to meet its national goals for PMTCT.

National targets by 2014 [9]

- 85% of HIV-positive pregnant women receive ARV prophylaxis, of which 26.9% are put on HAART for their own health (CD < 350)
- 83% of HIV-exposed infants receive ARV prophylaxis
- 76% HIV-exposed infants are tested with Polymerase Chain Reaction (PCR)

Strategic Focus of National Plan [9]

- PMTCT is integrated within maternal and child health-related activities as part of the Millennium Development Goals 4 & 5

POLICY ENVIRONMENT

- 2010-2014 PMTCT scale-up plan in place; plan is not costed
- PMTCT component incorporated in all provincial health plans
- WHO option A adopted

BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R 2 & 6 [11]
- GFATM re-programming of R2 funds approved for PMTCT [10]
- PEPFAR program country
- PEPFAR Plus Up funds recipient [17]

Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 12.6% [7]
- Total health financing: [18]
Out of pocket: 12%; Public: 13%; Aid: 57%; Private (pooled risk): 18%

THE BOTTOM LINE

To meet national targets by 2014, the following actions are essential:

- ✓ **integrating PMTCT** within the child and maternal health responses at all levels
- ✓ **preventing new HIV infections** in adolescent girls and among couples and **improving access to family planning** among women living with HIV
- ✓ **improving equitable access** to and utilization of skilled attendants at delivery
- ✓ **increasing access to and utilization of PMTCT services** within ANC and delivery care settings. The high reach of ANC services is an opportunity to identify HIV-positive pregnant women for the provision of PMTCT services.
- ✓ **improving quality, timeliness and continuity of care** for both the mother and the child

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