

Namibia: PMTCT



UNITE FOR CHILDREN
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Statistics, 2010

Estimated # of children (0-14) living with HIV	16,000 [9,100 - 23,000] (2009)[8]
Population	2,171,000 (2009)[13]
Annual births	59,000 (2009)[13]
Neonatal mortality rate	20/1,000 (2004)[1]
Infant mortality rate	34/1,000 (2009)[2]
Under 5 mortality rate	48/1,000 (2009)[2]
Maternal mortality ratio	180/100,000 (2008)[6]
Adult (15-49) HIV prevalence	13.1% [11.1% - 15.5%] (2009)[8]
HIV prevalence young people (15-24)	female: 5.8% [3.7% - 8.6%] male: 2.3% [1.3% - 3.6%] (2009)[8]
Estimated # of pregnant women living with HIV	7,700 [4,100 - 11,000] (2009)[9]
Exclusive breast-feeding for infants <6 months Rate	24% (2006-2007)[4]
Comprehensive knowledge about HIV (15-24 yrs)	female: 65% male: 62% (2006-2007)[4]
Condom use at last higher-risk sex (15-24)	female: 64% male: 81% (2006-2007)[4]
Unmet need for family planning:	7% (2006-2007)[4]
% ANC facilities that provide testing and ARVs for PMTCT	86% (2008)[9]
Timing of first ANC visit (months)	No ANC: 4% <4 months: 33% 4-5 months: 38% 6-7 months: 21% 8+ months: 3% DK: 2% (2006-2007)[4]
% of women attending at least 4 ANC visits during pregnancy	overall: 70% urban: 73% rural: 68% (2006-2007)[4]

National Targets by 2014/2015 [10]

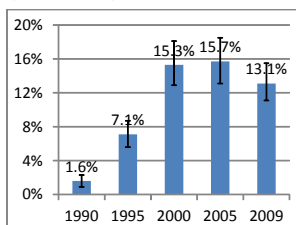
- Total fertility rate among HIV-positive women reduced to 2.7%
- 90% of HIV-positive pregnant women receive ARVs for PMTCT
- 95% of HIV-exposed infants receive ARVs for PMTCT in the first week of life
- 40% of infants younger than 4 months are exclusively breastfed

Strategic Focus of National Plan [10]

- Institutionalise provider-initiated counseling and testing within maternal, newborn and child health centres;
- Scale up provision of PMTCT services and access to antiretroviral therapy for eligible HIV-positive pregnant women;
- Scale up male involvement;
- Provide sexual/ reproductive health services to HIV-positive women/ spouses;
- Scale up capacity of health facilities to collect dried blood spots for polymerase chain reaction testing; and
- Strengthen infant feeding and nutrition counselling and support.

Adult HIV prevalence appears to be declining since 2005, though still high

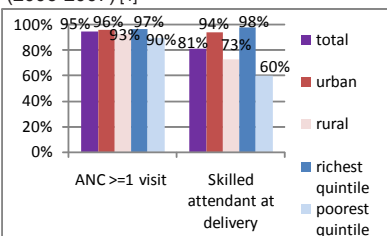
Adult HIV (15-49) prevalence (%) (1990-2009) [8]



HIV prevalence among adults overall appears to be declining; also, sentinel surveillance data from antenatal care (ANC) sites suggests that HIV prevalence among pregnant women has dropped to 17.8% in 2008, from a peak of 22% in 2002. [3] Among young people (15-24), prevalence is more than twice as high among females (5.8%) as males (2.3%). [8]

Nearly all pregnant women attend ANC but there is a considerable drop-off in skilled care at delivery among rural and poor women

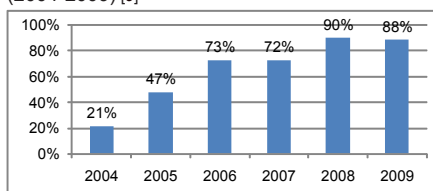
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2006-2007) [4]



Overall, 95% of pregnant women received antenatal care in 2006-2007, and 70% attended the recommended 4 or more ANC visits during pregnancy. Though 81% of women delivered with a skilled attendant, utilization was proportionally less among rural and poorer women than urban and richer women. > 60% of women came for their first ANC visit after the first trimester. [4]

HIV testing availability in ANC facilities is widespread, contributing to high testing rates among pregnant women

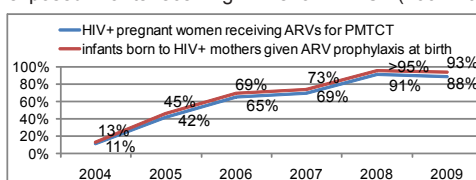
Trends in the percentage of pregnant women tested for HIV (2004-2009) [9]



Testing rates among pregnant women in ANC have increased significantly since 2004. Almost 90% of pregnant women were tested for HIV in 2009, owing to high testing availability and an acceptance of tests when offered. [9]

Most HIV-positive pregnant women and their children receive anti-retroviral (ARV) regimens to prevent new infections in children

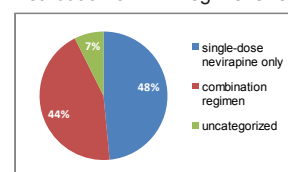
Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [9]



With relatively little loss to follow-up, the coverage of ARVs for PMTCT for the mother and infant has reached 93% and 88% respectively. Namibia is approaching universal access of ARVs for PMTCT.

Progress is being made in introducing more efficacious combination ARV regimens. Further reduction of the use of single-dose nevirapine will improve outcomes.

Distribution of ARV regimens received by pregnant women living with HIV, 2009 [9]



Single-dose nevirapine still constituted a significant proportion (48%) of the ARV regimens used for PMTCT in 2009, down from 63% in 2008. More efficacious combination regimen use increased from 29% in 2008 to 44% in 2009.

POLICY ENVIRONMENT

- 2010-2015 HIV Strategic Framework, including PMTCT component, in place. Costing underway.
- WHO option A adopted

BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R 2 [11]
- Re-programming of \$1.5M GFATM funds for PMTCT underway
- PEPFAR programme country

Domestic Health Financing [7]

- Govt expenditure on health, as per cent of total govt spending: 11.1%

THE BOTTOM LINE

If current gains are sustained, Namibia is on track to meet its national targets for PMTCT in 2015; further essential actions include:

- ✓ preventing new HIV infections in adolescent girls and young women and improving access to family planning
- ✓ improving equitable access to skilled attendants at delivery
- ✓ improving the quality, timeliness and continuity of maternal and child and PMTCT services, including scaling up more efficacious ARV regimens for PMTCT.
- ✓ improving the quality and reliability of data

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