

South Africa: PMTCT



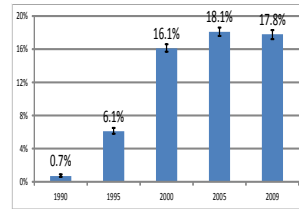
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Statistics, 2010

Estimated # of children (0-14) living with HIV	330,000 [190,000 - 440,000] (2009)[3]
Population	50,110,000 (2009)[17]
Annual births	1,085,000 (2009)[17]
Neonatal mortality rate	17/1,000 (2004)[1]
Infant mortality rate	43/1,000 (2009)[2]
Under 5 mortality rate	62/1,000 (2009)[2]
Maternal mortality ratio	410/100,000 (2008)[15]
Adult HIV prevalence (15-49)	17.8% [17.2% - 18.3%] (2009)[3]
HIV prevalence young people (15-24)	female: 13.6% [12.3% - 15.0%] male: 4.5% [4.1% - 5.0%] (2009)[3]
Estimated # of pregnant women living with HIV	210,000 [120,000 - 290,000] (2009)[4]
Exclusive breast-feeding for infants <6 months	8% (2003)[5]
Comprehensive knowledge about HIV (15-24 yrs)	female: -- male: --
Condom use at last higher-risk sex (15-24)	female: 52% male: 72% (2003)[5]
Unmet need for family planning among women in union:	14% (2003)[5]
% ANC facilities that provide testing and ARVs for PMTCT	95% (2008)[4]
Timing of first ANC visit (months)	No ANC: 5% <4 months: 32% 4-5 months: 30% 6-7 months: 26% 8+ months: 3% DK: 5% (2003)[5]
% of women attending at least 4 ANC visits during pregnancy	overall: 56% urban: 54% rural: 60% (2003)[5]

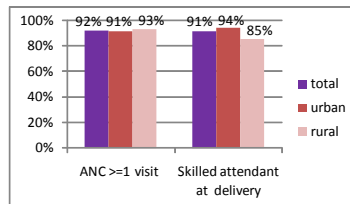
HIV prevalence appears to have stabilized among adults overall; rates are still high, especially among pregnant women

Adult HIV (15-49) prevalence (%) (1990-2009) [3]



Adult HIV prevalence has stabilized at a high rate, estimated at 17.8% in 2009. Considerable provincial variation is reported, ranging between KwaZulu Natal (25.8%) and Western Cape (5.3%) in 2008. [13] More than 29% of pregnant women accessing ANC services tested HIV-positive in 2008. [6] Three times as many young women (13.6%) aged 15 to 24 years are living with HIV as young men (4.5%). [3]

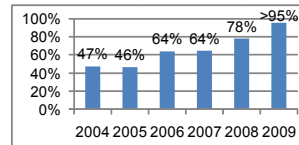
Nearly all women receive skilled care during pregnancy; most do during delivery
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2003) [5]



Overall, 92% of women received at least one antenatal care visit in 2003 (91% of urban women and 93% of rural women), though more than 50% received care after the 4th month of pregnancy. Though 91% were supported by a skilled attendant at delivery, some disparities in utilization exist: 94% of urban women received this form of support, while only 85% of rural women did.

Most, if not all pregnant women are getting tested for HIV

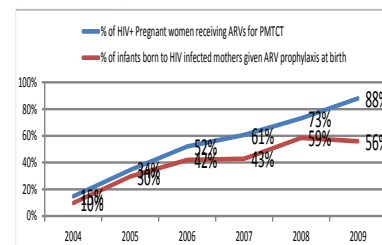
Trends in the percentage of pregnant women tested for HIV (2004-2009) [4]



More than 95% of pregnant women were tested for HIV in 2009. This high rate of testing parallels the availability of testing itself: 95% of ANC sites offer HIV-testing services. [4]

There has been remarkable progress in reaching more pregnant women and babies with ARVs for PMTCT, though too many babies are being lost to follow up along the continuum of care

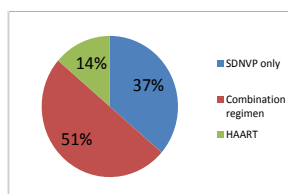
Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [4]



88% of pregnant women living with HIV were reached with prophylactic ARVs in 2009, though only 56% of HIV-exposed infants were. With continued efforts to reach women with PMTCT services, and renewed commitment to closing the gap between the mothers and the infants, South Africa can meet its national targets for PMTCT.

Less effective ARV regimens for PMTCT are still the mainstay; too few pregnant women living with HIV receive treatment for their own health and too many are still receiving single-dose nevirapine

Distribution of ARV regimens received by pregnant women living with HIV, (2009) [4]



37% of women received single-dose nevirapine in 2009, despite a change in national policy that includes short course AZT from 28 weeks. [8] Rates of treatment for the woman's own health, also known as HAART, are still low, estimated at 14% in 2009.

National Targets by 2011 [7]

- <5% of infants become HIV-infected through MTCT
- 95% of pregnant women tested for HIV
- 95% of HIV-positive pregnant women receive ARV dual prophylaxis
- 95% of HIV-positive pregnant women initiated on highly active antiretroviral therapy (HAART)
- 95% of HIV-exposed infants receive dual ARV prophylaxis
- 95% of HIV-exposed infants have a polymerase chain reaction (PCR) test at 6 weeks, and initiated on co-trimoxazole
- 95% of HIV-positive mothers receive counseling on infant feeding options

Strategic Focus of National Plan [7]

- Quality improvement at each step along the PMTCT cascade;
- Improved ownership, facility and data management and service coordination
- Special emphasis on 18 high priority districts (as determined by poverty and MTCT burden and associated mortality)

POLICY ENVIRONMENT

- 2009-2011 PMTCT scale up plan in place
- WHO Option A has been adopted for women not in need of treatment for their own health

BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R 1, 2, 3 & 6 [9]
- GFATM R6 funds approved for PMTCT re-programming [16]
- PEPFAR Program Country [10]

Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 10.8% [11]
- Total Health Financing: [12]
Out of pocket: 10%; Public: 41%; Aid: 1%; Private (pooled risk): 48%

THE BOTTOM LINE

If South Africa is to reach its targets in 2011, there is need for:

✓ **intensified efforts to prevent new infections** among young women, women of childbearing age and co-habiting partners.

✓ **improved timeliness and continuity of ANC and PMTCT services** for both the mother and the child. The high reach of both services is an opportunity to reach all women and children with the best possible PMTCT services.

✓ **improved quality of PMTCT services**, including treatment for the woman's own health and the phase out of single-dose nevirapine.

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