

Swaziland: PMTCT



UNITE FOR CHILDREN
UNITE AGAINST AIDS

Statistics, 2010

Estimated # of children (0-14) living with HIV	14,000 [8,300 - 18,000] (2009)[6]
Population	1,185,000 (2009)[1]
Annual births	35,000 (2009)[1]
Neonatal mortality rate	40/1,000 (2004)[12]
Infant mortality rate	52/1,000 (2009)[2]
Under 5 mortality rate	73/1,000 (2009)[2]
Maternal mortality ratio	420/100,000 (2008)[10]
Adult HIV prevalence (15-49)	25.9% [24.9% - 27.0%] (2009)[6]
HIV prevalence young people (15-24)	female: 15.6% [12.6% - 21.3%] male: 6.5% [4.8% - 8.8%] (2007)[6]
Estimated # of pregnant women living with HIV	9,300 [5,700-12,000] (2009)[3]
Exclusive breast-feeding for infants <6 months	33% (2008)[11]
Comprehensive knowledge about HIV (15-24 yrs)	female: 52% male: 52% (2006/2007)[4]
Condom use at last higher-risk sex (15-24)	female: 54% male: 70% (2006/2007)[4]
Unmet need for family planning:	24% (2006/2007)[4]
% ANC facilities that provide testing and ARVs for PMTCT	79% (2008)[3]
Timing of first ANC visit (months)	No ANC: 3% <4 months: 26% 4-5 months: 48% 6-7 months: 22% 8+ months: 1% DK: 1% (2006/2007)[4]
% of women attending at least 4 ANC visits during pregnancy	overall: 79% urban: 84% rural: 78% (2006/2007)[4]

National Targets by 2014 [1]

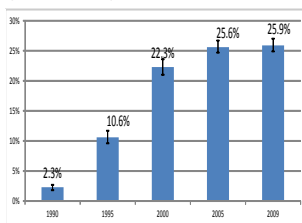
- HIV infections among infants is reduced to 5%
- HIV infections among pregnant women aged 15-24 years is reduced to 35%
- 90% of HIV-positive pregnant women receive ARV prophylaxis for PMTCT
- Proportion of women aged 15-49 who do not want any more children when they become pregnant reduced to 20%

Strategic Focus of National Plan [1]

- Strengthen and expand PMTCT service provision at community level health facilities;
- Improve the quality of PMTCT services
- Implement innovative programmes to involve, intensify awareness and educate male partners, significant family members and communities on PMTCT;
- Strengthen tracing mechanisms of ANC clients and their infants at birth; and
- Strengthen the linkages between PMTCT and paediatric ART.

Globally, Swaziland has the highest adult HIV prevalence, at 25.9%

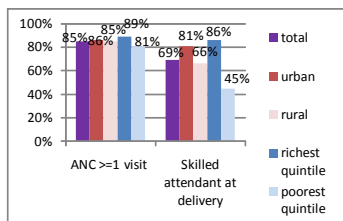
Adult HIV (15-49) prevalence (%) (1990-2009) [6]



Adult HIV prevalence in Swaziland has leveled off at a very high rate: 25.9% in 2009, as compared to 42% in pregnant women (15- 49). [13] More than two times as many young women (15-24) are living with HIV as young men (15.6% vs. 6.5%). [6] Most new infections (68%) in the adult population occur in persons above 25 years of age, many of whom are married or co-habit with a steady partner. [9]

Most all women receive skilled care during pregnancy; many rural and poor women are missing out on skilled care during delivery

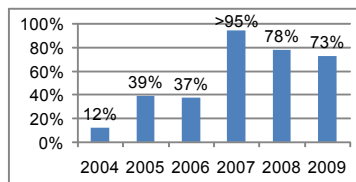
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (%) (2006/2007) [4]



Most women in Swaziland receive ANC services at least once (85%), though the vast majority (>70%) access ANC after the 3rd month of pregnancy. [4] 69% of births are delivered by a skilled attendant, though that rate varies considerably by wealth status and place of residence. 86% of the richest and 81% of urban women, as compared to 45% of the poorest and 66% of rural women, report use of this service.

When testing services are available in ANC sites, women get tested

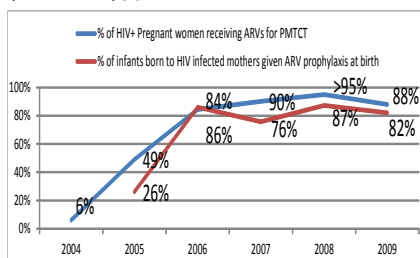
Trends in the percentage of pregnant women tested for HIV (2004-2009) [3]



73% of all pregnant women were tested for HIV in 2009. This rate roughly parallels the availability of testing itself: 79% of ANC sites offered HIV-testing services in 2008. [3]

Most mothers & babies receive ARVs for PMTCT

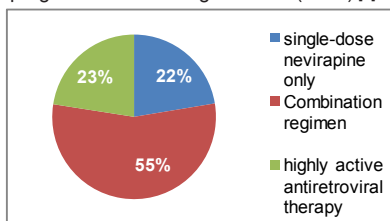
Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [3]



88% of pregnant women living with HIV and 82% of HIV-exposed infants were reached with prophylactic ARVs in 2009. Swaziland appears poised to meet its national targets for ARV coverage for PMTCT by 2014 if it sustains its commitment to scale-up of services.

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

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



In 2009, 23% of HIV-positive pregnant who received ARVs for PMTCT received medication for their own health, or HAART. Coverage with combination regimens was also high, at 55%. Single-dose nevirapine is still being provided to around a fifth of pregnant women living with HIV.

POLICY ENVIRONMENT

- Multi-sectoral HIV/AIDS Strategic Framework (2009-2014) in place
- WHO Option A adopted

BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R2, 4, 7 & 8 [7]
- PEPFAR Programme Country

Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 11.6% [5]

THE BOTTOM LINE

If national targets are to be met, there is a need for:

- ✓ **preventing new infections** in young women and co-habiting couples and **promoting access to family planning services** among women living with HIV
- ✓ **improving equitable access** to skilled attendants at delivery and **encouraging early and frequent ANC visits**
- ✓ **expansion of PMTCT services** to all ANC and delivery services. The high reach of ANC sites is an opportunity to reach HIV-positive pregnant women that should not be missed.
- ✓ **improving quality of PMTCT services**, including phasing out of single-dose nevirapine.

References



UNITE FOR CHILDREN
UNITE AGAINST AIDS

- [1] State of the World's Children, Statistical Tables, UNICEF 2011, forthcoming
- [2] Levels & Trends in Child Mortality, Report 2010, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- [3] Towards universal access: scaling up priority HIV/AIDS interventions in the health sector. Progress report, 2005, 2006, 2007, 2008, 2009, 2010, WHO, UNAIDS, UNICEF
- [4] Demographic and Health Surveys 2006/2007
- [5] World Health Statistics, WHO, 2010
- [6] Report on the Global AIDS Epidemic, UNAIDS, 2010
- [7] The Global Fund to Fight AIDS, Tuberculosis and Malaria website: Swaziland portfolio:
<http://portfolio.theglobalfund.org/Country/Index/SWZ?lang=en>
- [8] Report of the technical support mission for the feasibility assessment and financial projection results for a Social Health Insurance Scheme in Swaziland, Exploring Possible Options, WHO, July 2008:
http://rochr.qrc.com/bitstream/123456789/611/1/SWZ_SHI.pdf
- [9] Swaziland: HIV Prevention Response and Modes of Transmission Analysis, The World Bank, UNAIDS 2009:
http://us-cdn.creamermedia.co.za/assets/articles/attachments/21691_aziland_mot_country_synthesis_report_22mar09.pdf
- [10] Trends in Maternal Mortality: 1990 - 2008, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2010:
http://www.childinfo.org/files/Trends_in_Maternal_Mortality_1990_to_2008.pdf
- [11] National nutrition survey 2008
- [12] State of the World's Children Special Edition, Statistical Tables, UNICEF 2009
- [13] Antenatal Surveillance, 2010