

Uganda : PMTCT



UNITE FOR CHILDREN
UNITE AGAINST AIDS

Statistics, 2010

Estimated # of children (0-14) living with HIV	150,000 [80,000-210,000] (2009)[1]
Population	32,710,000 (2009)[3]
Annual births	1,502,000 (2009)[3]
Neonatal mortality rate	30/1,000 (2004)[15]
Infant mortality rate	79/1,000 (2009)[4]
Under 5 mortality rate	128/1,000 (2009)[4]
Maternal mortality ratio	430/100,000 (2008)[13]
Adult (15-49) HIV prevalence	6.5% [5.9% - 6.9%] (2009)[1]
HIV prevalence young people (15-24)	female: 4.8% [4.0% - 6.4%] male: 2.3% [1.8% - 2.8%] (2009)[1]
Estimated # of pregnant women living with HIV	88,000 [48,000 - 130,000] (2009)[2]
Exclusive breastfeeding for infants <6 months	60% (2006)[7]
Comprehensive knowledge about HIV (15-24 yrs)	female: 32% male: 38% (2006)[7]
Condom use at last higher-risk sex (15-24)	female: 38% male: 55% (2006)[7]
Unmet need for family planning:	41% (2006)[7]
% ANC facilities that provide testing and ARVs for PMTCT	51% (2008)[2]
Timing of first ANC visit (months)	No ANC: 5% <4 months: 17% 4-5 months: 41% 6-7 months: 33% 8+ months: 4% DK: <1% (2006)[7]
% of women attending at least 4 ANC visits during pregnancy	overall: 47% urban: 60% rural: 45% (2006)[7]

National targets by 2015 [8]

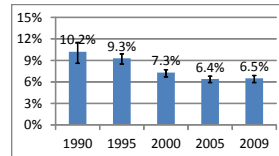
- 90% of pregnant women / 50% of male partners counselled, tested & given results
- 80% of HIV-negative PMTCT clients counselled
- 80% of HIV-positive pregnant/lactating women access antiretrovirals (ARVs) for PMTCT, as per guidelines
- 80% of HIV-exposed infants receive prophylactic ARVs, co-trimoxazole prophylaxis from 6 weeks of age and first DNA PCR test within 3 months
- 80% of pregnant/lactating mothers are counselled on feeding options
- 80% of eligible pregnant/ lactating mothers and infants referred for treatment

Strategic Focus of National Plan [8]

- Strengthen programme management, resource mobilisation, coordination and services at all levels;
- Strengthen human resource and infrastructure capacity;
- Improve logistics and supplies system;
- Engage communities to improve demand;
- Enhance referral links and continuum of care between services; and
- Strengthen monitoring, quality assurance and evaluation systems.

Prevalence appears to have stabilized since 2001

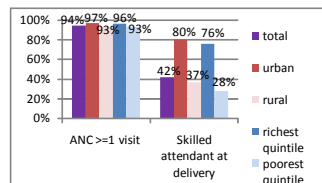
Adult HIV (15-49) prevalence (%) (1990-2009) [1]



The levels of HIV infection among adults have stabilized since 2001. In 2009, prevalence was estimated at 6.5% of adults and 6% of women receiving antenatal care. [14] About two times as many young women (4.8%) aged 15 to 24 years as young men (2.3%) are estimated to be HIV-positive. [1]

Most women have access to ANC; too few women receive skilled care during delivery

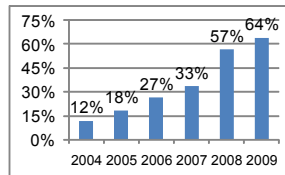
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (%) (2006) [7]



In 2006, 94% of women utilized antenatal care (ANC) services at least once during pregnancy, though >75% did so after the 3rd month of pregnancy. [7] 42% received care by a skilled attendant during delivery; disparities in skilled care utilization during delivery are pronounced though, with 76% utilization by the richest women and 80% by urban women, but only 28% by the poorest women and 37% by rural women.

HIV testing rates among pregnant women are rising

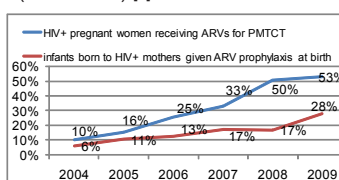
Trends in the percentage of pregnant women tested for HIV (2004-2009) [2]



64% of all pregnant women were tested for HIV in 2009. Roughly 51% of ANC sites offer HIV-testing services, suggesting strong utilization. [2]

Some progress is being made in reaching more mothers and babies with PMTCT services, though too many babies are getting lost along the continuum of care

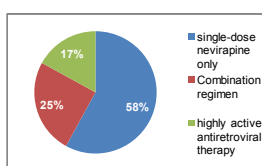
Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [2]



An estimated 53% of HIV-positive pregnant women received ARVs for PMTCT in 2009, as compared to 28% of HIV-exposed infants. With continued efforts to reach women with PMTCT services, and renewed commitment to reach more HIV-exposed infants with ARVs national targets for PMTCT can be met.

Less effective ARV regimens for PMTCT are still the mainstay; too few pregnant women living with HIV receive treatment for their own health

Distribution of ARV regimens received by pregnant women living with HIV (2009)[2]



2009 data suggests that combination ARV regimens constituted 25% of all regimens that were provided for PMTCT. Approximately 17% of pregnant women received treatment for their own health.

POLICY ENVIRONMENT

- Costed PMTCT scale up plan (2010-2015) in place
- WHO Option A has been adopted [9]

BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R 1,3 & 7 [10]
- Limited re-programming of GFATM R7 phase 2 funds available for PMTCT [1]
- PEPFAR Programme Country

Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 9.8% [6]

THE BOTTOM LINE

If national targets for PMTCT are to be met in 2015, the following actions are critical:

- ✓ **expanding PMTCT services** to all ANC and delivery services
- ✓ **preventing new infections** among women, and **improving access to family planning services** among women living with HIV
- ✓ **improving equitable access** to skilled attendants at delivery for all women; high out of pocket spending on health must also be addressed. Government spending on health is less than the Abuja Declaration Commitments of 15%.
- ✓ **increasing access to combination ARVs for PMTCT and treatment** for pregnant women living with HIV, and improving continuity of care for mother-infant pairs.

References



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- [1] Report on the Global AIDS Epidemic, UNAIDS, 2010
- [2] Towards universal access: scaling up priority HIV/AIDS interventions in the health sector. Progress report, 2005, 2006, 2007, 2008, 2009, 2010, WHO, UNAIDS, UNICEF
- [3] State of the World's Children, Statistical Tables, UNICEF 2011, forthcoming
- [4] 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
- [5] Progress for Children, Statistical Tables, UNICEF, 2009
- [6] World Health Statistics, WHO, 2010
- [7] Demographic and Health Surveys, 2006
- [8] Scale-up plan for prevention of mother-to-child transmission of HIV and care of exposed infants: 2010-2015, Republic of Uganda Ministry of Health, 2010
- [9] Accelerating Action to End Pediatric HIV/AIDS by 2015: A Status Report. Campaign to End Pediatric AIDS, July 2010: http://aidsalliance.3cdn.net/c4448808bc953b94c7_3dm6vd8hq.pdf
- [10] The Global Fund to Fight AIDS, Tuberculosis and Malaria Uganda portfolio: <http://portfolio.theglobalfund.org/Country/Index/UGD?lang=en>
- [11] Witter, S. Draft document: Mapping user fees for health care in high-mortality countries, HLSP issues paper, 2010
- [12] Children and AIDS, Fifth Stocktaking Report. UNICEF, UNAIDS, WHO, UNFPA, UNESCO, 2010: http://www.unicef.org/publications/index_51902.html
- [13] 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
- [14] Government of Uganda; UNGASS Country Progress Report January 2008-December 2009, Submitted March 2010: http://data.unaids.org/pub/Report/2010/uganda_2010_country_progress_report_en.pdf
- [15] State of the World's Children Special Edition, Statistical Tables, UNICEF 2009