

Zambia: PMTCT



UNITE FOR CHILDREN
UNITE AGAINST AIDS

Statistics, 2010

Estimated # of children (0-14) living with HIV	120,000 [64,000-160,000] (2009)[1]
Population	12,935,000 (2009)[3]
Annual births	549,000 (2009)[3]
Neonatal mortality rate	40/1,000 (2004)[14]
Infant mortality rate	86/1,000 (2009)[4]
Under 5 mortality rate	141/1,000 (2009)[4]
Maternal mortality ratio	470/100,000 (2008)[12]
Adult (15-49) HIV prevalence	13.5% [12.8%-14.1%] (2009)[1]
HIV prevalence young people (15-24)	female: 8.9% [7.3% - 12.9%] male: 4.2% [3.2% - 5.5%] (2009)[1]
Estimated # of pregnant women living with HIV	68,000 [37,000 - 94,000] (2009)[2]
Exclusive breast-feeding for infants <6 months	61% (2007)[5]
Comprehensive knowledge about HIV (15-24 yrs)	female: 38% male: 41% (2009)[13]
Condom use at last higher-risk sex (15-24)	female: 39% male: 33% (2009)[5]
Unmet need for family planning:	27% (2007)[5]
% ANC facilities that provide testing and ARVs for PMTCT	64% (2008)[2]
Timing of first ANC visit (months)	No ANC: 2% <4 months: 19% 4-5 months: 53% 6-7 months: 23% 8+ months: 2% DK: <1% (2007)[5]
% of women attending at least 4 ANC visits during pregnancy	60.3% (2007)[5]

National targets by 2010 [6]

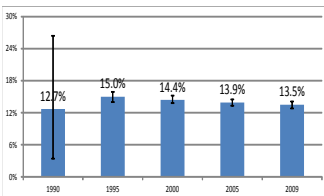
- At least 80% of pregnant women receive comprehensive PMTCT services
- At least 80% of HIV-positive children in need of ART receive it

Strategic Focus of National Plan [6]

- Strengthen programme management and coordination of HIV prevention, care, treatment and support activities at all levels;
- Strengthen the provision of comprehensive PMTCT services at all levels;
- Increase service uptake;
- Strengthen the human resource capacity to deliver PMTCT and HIV prevention, care, support and treatment services;
- Enhance links between PMTCT, paediatric and adult antiretroviral therapy (ART), child survival, nutrition, and reproductive health services;
- Strengthen monitoring and evaluation systems, including surveillance and operations research for HIV care and ART services; and
- Increase primary prevention.

HIV prevalence among adults appears to have stabilized, though it remains high

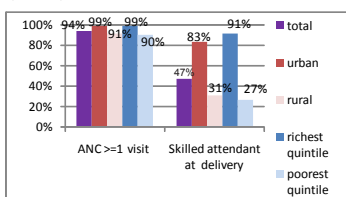
Adult HIV (15-49) prevalence (%) (1990-2009) [1]



Since 2000, adult HIV prevalence has stabilized. In 2009, it was estimated at 13.5%, and 19% among pregnant women. [6] At 8.9%, young women between the ages of 15 and 24 years are more than two times as likely to be living with HIV than young men (4.2%) in the same age range. [11]

Most women receive skilled care during pregnancy, though very few poor and rural women do during delivery

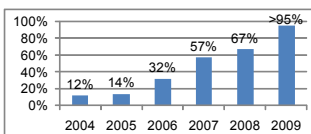
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2007) [5]



In 2007, 94% of pregnant women accessed antenatal care (ANC) services at least once during pregnancy, though >75% did so after the 3rd month of pregnancy. [5] 47% had a skilled attendant during delivery; disparities were pronounced though, with utilization by 91% of the richest women and 83% of urban women, compared to 27% of the poorest women and 31% of rural women.

Virtually all pregnant women are tested for HIV

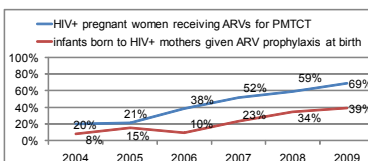
Trends in the percentage of pregnant women tested for HIV (2004-2009) [2]



>95% of pregnant women were tested for HIV in 2009.

Steady progress is being made in the reach of PMTCT regimens, but the gap in coverage between moms and infants is vast

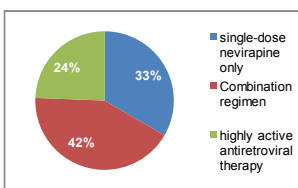
Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [2]



In 2009, 69% of HIV-positive pregnant women, but only 39% of HIV-exposed infants received antiretrovirals (ARVs) to prevent mother to child transmission of HIV. With continued efforts to reach women with PMTCT services, and renewed commitment to improve access to prophylactic ARVs for HIV-exposed infants, national targets for PMTCT can be met.

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) [2]



In 2009, 42% of HIV-positive pregnant women who received ARVs for PMTCT received combination ARV regimens, and 24% received treatment for their own health, or highly active antiretroviral therapy (HAART). Single-dose nevirapine only is still being provided to a third of all women PMTCT ARV recipients.

POLICY ENVIRONMENT

- Costed 2007-2010 PMTCT scale-up plan in place
- District plans include PMTCT scale-up component
- WHO option A adopted [7]

BUDGET ENVIRONMENT

- Global Funds recipient: R1,4 & 8 [9];
 - PEPFAR program country & PEPFAR Plus up funds recipient
- Domestic Health Financing
- Govt expenditure on health, as per cent of total govt spending: 14.5% [9]
 - Total Health Financing: [8]
Out of pocket: 38%; Public: 10%; Aid: 37%; Private (pooled risk): 15%

THE BOTTOM LINE

Zambia may be on track to meeting national PMTCT targets, though sustained efforts are needed to:

- ✓ **expand PMTCT services** to all ANC and delivery services
- ✓ **prevent new HIV infections** among young women and **increase access to family planning services** among women living with HIV
- ✓ **improve equitable access** to skilled attendants at delivery
- ✓ **increase access to and utilization of ARVs for PMTCT** within ANC. The high coverage of ANC services is an opportunity to reach HIV-positive pregnant women
- ✓ **improve quality, timeliness and continuity of care** for both the mother and the child.

References



UNITE FOR CHILDREN
UNITE AGAINST AIDS

- [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] Demographic and Health Surveys, 2007
- [6] National Scale-up Plan for Prevention of Mother-to-Child Transmission of HIV and Paediatric HIV Care Services, Directorate of Public Health and Research, Ndeke House, Lusaka 2007 - 2010
- [7] Accelerating Action to End Pediatric HIV/AIDS by 2015: A Status Report, July 2010, Campaign to End Pediatric AIDS, 2010: http://aidsalliance.3cdn.net/c4448808bc953b94c7_3dm6vd8hq.pdf
- [8] Witter, S. Draft document: Mapping user fees for health care in high-mortality countries, HLSP issues paper, 2010
- [9] World Health Statistics, WHO, 2010
- [10] The Global Fund to Fight AIDS, Tuberculosis and Malaria: Zambia portfolio: <http://portfolio.theglobalfund.org/Country/Index/ZAM?lang=en#>
- [11] Children and AIDS, Fifth Stocktaking Report. UNICEF, UNAIDS, WHO, UNFPA, UNESCO, 2010: http://www.unicef.org/publications/index_51902.html
- [12] 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
- [13] Sexual Behaviour Survey, 2009
- [14] State of the World's Children Special Edition, Statistical Tables, UNICEF, 2009