

HIV/AIDS: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) IN ETHIOPIA

KEY STATISTICS

Number of testing and counseling clinics countrywide (2005): **300**

Funding available to UNICEF nationwide (2006): **US\$ 180,000**

Funding needed by UNICEF:

US\$ 1.5 Million

HIV prevalence among mothers in rural population: **4.1%**

HIV prevalence among mothers in urban centers: **0.5 to 30.2%**¹

Estimated HIV infected babies per...

year: **93,448**, day: **256**, hour: **11**²

ISSUE

Infants in Ethiopia are as vulnerable to AIDS/HIV as adults. A recent UNICEF study shows that out of all pregnancies where the mother is infected, nearly forty percent of infants will eventually carry the virus. A burden they will have to endure for life³. Infants can contract HIV during pregnancy, through labor and delivery and even whilst breastfeeding.

The plight of HIV/AIDS is causing an overwhelming impact on the world's children. Globally, over 1,500 unborn or newborn babies are infected every day. A majority of these babies will pass away before they celebrate their fifth birthday. In 2003, the estimated number of children under 15 years of age who have died from AIDS is 700,000 to 500,000 worldwide. In Ethiopia, authorities estimate the number of HIV infected children under the age of five is over 250,000⁴.

Whilst overall funding for AIDS has seen a dramatic rise in recent years, money earmarked to support pregnant mothers infected with the virus has fallen. In 2005, UNICEF-supported PMTCT programmes received over US\$600,000 from donors. In 2006, funding dropped to US\$180,000.

Mothers and infants still have the right to know their HIV status. Unfortunately, universal access to confidential, voluntary counseling and testing (VCT) is limited.

Preventing transmission from mother to child is a serious challenge. During the pregnancy, mothers must remain on a course of retroviral drugs until the baby is born. After delivery, an alternative must be found to breast milk to protect the child from post pregnancy infection.

This is not an easy task in Ethiopia. Clinics containing retroviral drugs can be a long way from home and maintaining a strict drugs regime can be hard, especially for those living in rural areas. The drugs themselves are expensive, and not all clinics can claim to have enough for Ethiopia's growing HIV population.

¹ 2003 National Sentinel Surveillance in ANC

² Ethiopian Ministry of Health, 2004

³ Piwoz & Ross, 2002

⁴ Ethiopian Ministry of Health, 2002

There is a shortage of key medical staff, such as pediatricians, counselors and other AIDS/HIV trained workers. Recruiting highly skilled personnel also requires more funding. Training centers also need to be established to give communities the skills to deal with this crisis.

Finding alternatives to breast milk is also difficult. Formula milk and other substitutes can be too expensive for the average family. Furthermore, less than 30% of Ethiopians have access to fresh water, essential to preparing many alternatives.

More than US\$1.5 million is needed from governments and private donors. A significant reduction in PMTCT is unlikely if this money is not found. New treatment centers will be impossible and existing clinics may have to close down. If this happens, tens of thousands of unborn children will never get the treatment they require to live normal lives

With women at a greater risk of infection than men, the maternal health service in Ethiopia will be further stretched. The number of HIV infections among pregnant women is continuing to rise. The low status of women plays a significant role in this increase. Traditions such as female genital mutilation/circumcision (FGM/ C), marriage by abduction, early marriage, tolerance of polygamy and multiple sexual partners are hampering efforts to reduce infection rates

ACTION

Risk of transmission can be rapidly reduced with intervention. It is reduced to 25 percent if the woman does not breastfeed. The risk topples to 5-15 percent if a short course of ARV drugs are available. With the aid of a cesarean-section it falls to just one percent.

In Ethiopia, the Harag project, an integrated PMTCT programme, was implemented in 2003 with the help of UNICEF partners. They included the Ethiopian Ministry of Health, HAPCO, USAID and the CDC.

To help get treatment to the largest amount of people with the least disruption and cost, services of PMTCT have been provided within existing health facilities. They also involve a range of women and children's health services and community-level support to help families living with HIV.

Important interventions of PMTCT include good antenatal care and maternity practices, counseling and testing, provision of anti-retroviral drugs, and promotion of infant feeding options.

There is an need to make sure services are available nation-wide. To this end, UNICEF-Ethiopia has been working with the government to introduce PMTCT all over Ethiopia. PMTCT is now one of the major focus areas of the National Strategic Framework for HIV/AIDS.

With assistance from UNICEF, the government has also developed a national guideline on prevention of mother-to-child transmission and on clinical management of HIV infection in children and adults. A training manual on voluntary counseling and testing has been developed to help reach remote communities.

KEY STRATEGIES

UNICEF, in collaboration with Ministry of Health, the HIV and AIDS Prevention and Control Offices, and with the respective PMTCT sites, has undertaken several activities in multiple health centers across the country:

- Pre-training assessments were conducted in four sites in April 2003.
- Additional drugs, equipment and supplies have been procured.
- All sites conducted PMTCT orientation within their facilities and appointed a focal person with responsibility for PMTCT activities.
- All sites advocated the launching PMTCT services for the through the media. With the technical support of UNICEF, communities have initiated community mobilization and advocacy projects to help HIV/AIDS awareness.
- Partner testing has been emphasized. As part of counseling, all women are encouraged to bring partners to testing. In general, the trend is encouraging at most sites.
- Integration of Safe Motherhood Programme and PMTCT has been initiated in one of the PMTCT sites. This has shown a positive trend in the quality of both services (Safe Motherhood and PMTCT).

UNICEF is completely reliant on donations and does not have a guaranteed budget. We need the continued support of all our benefactors.

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