Namibia: PMTCT

Statistics, 2010

| Estimation of # of children (0-14) living with HIV | 16,000 (9,100 - 23,000) |
| Population | 2,171,000 (2010) |
| Annual births | 59,000 (2009) |
| Neonatal mortality rate | 20/1,000 |
| Infant mortality rate | 34/1,000 |
| Under 5 mortality rate | 48/1,000 |
| Maternal mortality rate | 180/100,000 |
| Adult (15-49) HIV prevalence | 13.1% [11.1% - 15.5%] |
| HIV prevalence young people (15-24) | Female: 8.8% (3.7% - 6.6%) Male: 2.5% (1.3% - 3.6%) |
| Estimated # of pregnant women living with HIV | 7,700 [4,100 - 11,000] |
| Exclusive breastfeeding for infants <6 months | 24% (2006-2007) |
| Comprehensive knowledge about HIV (15-24 yrs) | Female: 66% Male: 62% |
| Condom use at last higher-risk sex (15-24) | Female: 64% Male: 81% |
| Unmet need for family planning | 7% (2006-2007) |
| % ANC facilities that provide testing and ARVs for PMTCT | 86% (2008) |
| Testing of first ANC visit (months) | No ANC: 4% <4 months: 33% 4-5 months: 38% 6-7 months: 21% 8+ months: 3% |
| % of women attending at least 4 ANC visits during pregnancy | Overall: 79% Urban: 73% Rural: 68% |

National Targets by 2014/2015 [10]

- Total fertility rate among HIV-positive women reduced to 2.7%
- 90% of HIV-positive pregnant women receive ARVs for PMTCT
- 95% of HIV-exposed infants receive ARVs for PMTCT in the first week of life
- 40% of infants younger than 4 months are exclusively breastfed

Strategic Focus of National Plan [8]

- Institutionalise provider-initiated counselling and testing within maternal, newborn and child health centres;
- Scale up provision of PMTCT services and access to antiretroviral therapy for eligible HIV-positive pregnant women;
- Scale up male involvement;
- Provide sexual/ reproductive health services to HIV-positive women/ spouses;
- Scale up capacity of health facilities to collect dried blood spots for polymerase chain reaction testing; and
- Strengthen infant feeding and nutrition counselling and support.

Adulthood HIV prevalence appears to be declining since 2005, though still high

Adult HIV (15-49) prevalence (%) (1990-2009) [8]

- 2004: 13%
- 2005: 13%
- 2006: 11%
- 2007: 9%
- 2008: 8%
- 2009: 7%

HIV prevalence among adults overall appears to be declining; also, sentinel surveillance data from antenatal care (ANC) sites suggests that HIV prevalence among pregnant women has dropped to 17.8% in 2008, from a peak of 22% in 2002. Among young people (15-24), prevalence is more than twice as high among females (5.8%) as males (2.3%). [9]

Nearly all pregnant women attend ANC but there is a considerable drop-off in skilled care at delivery among rural and poor women

Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel

- 2006-2007: 90%
- 2009: 95%

HIV testing availability in ANC facilities is widespread, contributing to high testing rates among pregnant women

Testing rates among pregnant women in ANC have increased significantly since 2004. About 90% of pregnant women were tested for HIV in 2009, owing to high testing availability and an acceptance of tests when offered. [9]

Most HIV-positive pregnant women and their children receive anti-retroviral (ARV) regimens to prevent new infections in children


- 2004: 15%
- 2005: 25%
- 2006: 40%
- 2007: 50%
- 2008: 60%
- 2009: 75%

HIV testing availability in ANC facilities is widespread, contributing to high testing rates among pregnant women

With relatively little loss to follow-up, the coverage of ARVs for PMTCT for the mother and infant has reached 93% and 88% respectively. Namibia is approaching universal access of ARVs for PMTCT.

Progress is being made in introducing more efficacious combination ARV regimens. Further reduction of the use of single-dose nevirapine will improve outcomes.

Distribution of ARV regimens received by pregnant women living with HIV, 2009 [9]

<table>
<thead>
<tr>
<th>Year</th>
<th>Single-dose nevirapine</th>
<th>EFV-based regimen</th>
<th>Efavirenz monotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>35%</td>
<td>9%</td>
<td>56%</td>
</tr>
<tr>
<td>2005</td>
<td>30%</td>
<td>11%</td>
<td>59%</td>
</tr>
<tr>
<td>2006</td>
<td>20%</td>
<td>27%</td>
<td>53%</td>
</tr>
<tr>
<td>2007</td>
<td>10%</td>
<td>38%</td>
<td>52%</td>
</tr>
<tr>
<td>2008</td>
<td>5%</td>
<td>47%</td>
<td>48%</td>
</tr>
</tbody>
</table>

POLICY ENVIRONMENT

- 2010-2015 HIV Strategic Framework, including PMTCT component, in place. Costing underway.
- WHO option A adopted

BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R2 [11]
- Re-programming of $1.5M GFATM funds for PMTCT underway
- PEPFAR programme country

Domestic Health Financing [7]

- Govt expenditure on health, as per cent of total govt spending: 11.1%

THE BOTTOM LINE

If current gains are sustained, Namibia is on track to meet its national targets for PMTCT in 2015; further essential actions include:

- Preventing new HIV infections in adolescent girls and young women and improving access to family planning
- Improving equitable access to skilled attendants at delivery
- Improving the quality, timeliness and continuity of maternal and child and PMTCT services, including scaling up more efficacious ARV regimens for PMTCT
- Improving the quality and reliability of data
References

[5] Personal Communication with UNICEF East and Southern Africa Regional Office