Swaziland: PMTCT

**Statistics, 2010**

<table>
<thead>
<tr>
<th>Estimation of # of children (0-14) living with HIV</th>
<th>Population</th>
<th>Annual births</th>
</tr>
</thead>
</table>

- Neonatal mortality rate: 40/1,000 (2004/2010)
- Infant mortality rate: 55/1,000 (2004/2012)
- Under 5 mortality rate: 73/1,000 (2009)
- Estimated # of pregnant women living with HIV: 9,300 (5,700-12,000) (2009)
- Exclusive breastfeeding for infants <6 months: 33% (2003/2011)
- Unmet need for family planning: 24% (2009/2007)

**National Targets by 2014**

- 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**

- 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.

**Globaly, Swaziland has the highest adult HIV prevalence, at 25.9%**

**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): 100% (urban), 86% (rural)
- Percentage of women attended at least once during pregnancy: 88% (2008)

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


**Most mothers & babies receive ARVs for PMTCT**


**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): Single-dose nevirapine 22%, combination regimen 55%, highly active antiretroviral therapy 23%

**In 2009, 23% of HIV-positive pregnant women received ARVs for PMTCT 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**

- WHO Option A adopted

**Budget Environment**

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

---

**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