Uganda: PMTCT

Statistics, 2010

| Estimated # of children (0-14) living with HIV | 150,000 |
| Population | 32,710,000 |
| Annual births | 1,502,000 |
| Neonatal mortality rate | 301,000 |
| Infant mortality rate | 79,100 |
| Under 5 mortality rate | 128,100 |
| Maternal mortality ratio | 430/100,000 |
| Adult (15-49) HIV prevalence | 5.5% |
| HIV prevalence young people (15-24) | 1.5% |
| Estimated # of pregnant women living with HIV | 88,000 |
| Exclusive breastfeeding for infants <6 months | 50% |
| Comprehensive knowledge about HIV (15-24 yrs) | 58% |
| Condom use at last higher-risk sex (15-24) | 38% |
| Unmet need for family planning | 41% |
| % ANC facilities that provide testing and ARVs for PMTCT | 51% |
| Timing of first ANC visit (months) | No ANC: 5% |
| % of women attending at least 4 ANC visits during pregnancy | overall: 47% |

National targets by 2015

- 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

- 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

The levels of HIV infection among adults have stabilized since 2001. In 2009, prevalence was estimated at 6.5% of adults and 8% of women receiving antenatal care. [6]

About two-thirds 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

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

46% 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

64% of 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.

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.

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.

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.

BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R: 1.3 & 7 [10]
- Limited re-programming of GFATM R7 phase 2 funds available for PMTCT [11]
- PEPFAR Programme Country

Domestic Health Financing

- Govt expenditure on Health, as per cent of total govt spending: 9.8% [8]
References