Zambia: PMTCT

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

Since 2000, adult HIV prevalence has stabilized. In 2009, it was estimated at 13.5%, and 19% among pregnant women. 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.

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

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)

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)

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

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.

National targets by 2010

- At least 80% of pregnant women receive comprehensive PMTCT services
- At least 90% of HIV-positive children in need of ART receive it

Strategic Focus of National Plan

- 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.

Statistics, 2010

- Estimated # of children (0-14) living with HIV: 120,000 (2009)
- Population: 12,935,000 (2010)
- Annual births: 549,000 (2010)
- Neonatal mortality rate: 40/1,000 (2004-05)
- Infant mortality rate: 86/1,000 (2004-05)
- Under 5 mortality rate: 141/1,000 (2004-05)
- Maternal mortality ratio: 470/100,000 (2004-05)
- Adult (15-49) HIV prevalence: 13.5% (2009)
- HIV prevalence young people (15-24): female: 8.9% (2009), male: 7.3% - 12.9% (2009)
- Estimated # of pregnant women living with HIV: 68,000 (2009)
- Exclusive breastfeeding for infants <6 months: 61% (2009)
- % ANC facilities that provide testing and ARVs for PMTCT: 64% (2009)
- 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% (2009)
- % of women attending at least 4 ANC visits during pregnancy: 50.3% (2009)
- Unmet need for family planning: 27% (2009)

POLICY ENVIRONMENT

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

BUDGET ENVIRONMENT

- Global Funds recipient: R1.4 & 8q
- PEPFAR program country & PEPFAR Plus up funds recipient
- Domestic Health Financing
  - Govt expenditure on health, as per cent of total govt spending: 14.5% (2009)
  - Total Health Financing: 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
- 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