

## Prevention of Mother-to-Child Transmission



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### Key Statistics

- 16.4 percent of pregnant women attending antenatal clinics are living with HIV;
- Without PMTCT interventions, an estimated 80,000 out of 500,000 annual deliveries are exposed to HIV. 28,000 are born HIV positive annually;
- An estimated 120,000 children under 15 years are living with HIV;
- 69 percent of HIV infected pregnant women received antiretroviral to reduce risk of mother to child transmission of HIV in 2009;
- 98.9 per cent of pregnant women received HIV testing and counselling in 2010;
- 63 percent of women and 46 percent of men are aware that HIV can be transmitted through breastfeeding and that the risk of MTCT can be reduced by taking drugs;
- At the end of 2010, only 25,388 out of 34,000 children in need have access to antiretroviral therapy.

### Issue

Zambia is among the 25 countries with highest estimated numbers of pregnant women living with HIV who are in need of antiretroviral to prevent mother-to-child transmission of HIV—and the corresponding number of children who are in need of ART. Prevention of mother-to-child transmission of HIV (PMTCT) is a key strategy to reduce paediatric HIV infections.

According to a recently released report on Towards Universal Access on HIV and AIDS, Zambia has made good progress. However, while prevention and treatment services have rapidly expanded, access to treatment and use of more efficacious PMTCT regimens in rural areas has not kept pace with urban and peri-urban centres (where there are more clinicians and better health infrastructure). Over 90 percent of pregnant women attend antenatal care (ANC) services at least once during their pregnancy, but only 60 percent of women report visiting ANC clinics at least four times during a pregnancy. Therefore numerous missed opportunities exist for identifying HIV positive pregnant women and to ascertain their treatment eligibility status. Many women also report late for antenatal care, with only 19 percent of pregnant women having their first antenatal visit in the first trimester of pregnancy. With 47 percent of pregnant women delivering at health facilities, there are immense challenges to ensure that eligible pregnant women receive the complete treatment to prevent transmission of HIV to their babies. In addition, attendance for post-natal care is poor, with 39 percent of women receiving a post-natal check-up by a skilled health worker within 48 hours of delivery. This is also more problematic in rural areas than urban areas. Various challenges have been cited as causes of poor access and utilization of ante- and post-natal services are multiple, with issues of long distances, inaccessible terrain, limited transport and resources for travel among the most prominent.

Although more than 75 percent of the antenatal care facilities currently provide PMTCT services, the majority of these facilities are mostly along the country's main rail line and urban centers, resulting in geographical inequity. More than 60 percent of Zambians live in rural areas. The challenges of scaling up

PMTCT and paediatric HIV care services are mainly due to limited number of trained staff; counseling and testing services; poor linkages between prevention of PMTCT and paediatric HIV care services; and inadequate access to early infant diagnosis services.

## **Action**

UNICEF uses the strategy of "4 Ps:" preventing mother-to-child transmission of HIV; providing paediatric treatment; preventing infection among adolescents and young people; and protecting and supporting children affected by HIV and AIDS. UNICEF's campaign aims at the provision of integrated and effective PMTCT and Paediatric HIV services to at least 80 percent of pregnant women and their infants. In June 2010, the Ministry of Health, the National AIDS Council, and other partners announced the development of a comprehensive 2011-2015 scale-up plan for the elimination of mother-to-child transmission of HIV by the year 2015. This plan includes a strong emphasis on all four prongs of PMTCT, as well as the provision of paediatric ART, and will closely follow roll-out of the revised PMTCT guidelines. Scaling up more efficacious regimens and use of innovations such as mobile phone technology and Mother Baby Packs (MBP) - a package containing necessary medications for the mother and baby to prevent MTCT of HIV - are critical for overcoming inequities.

UNICEF has devoted substantial efforts to support advocacy, programme design, national leadership, and public engagement in Zambia's generalized HIV epidemic setting. The country office actively participates and leads several UN joint technical working groups under the UNDAF Outcome Areas, and is the lead convener for the impact mitigation component of the UN Joint HIV Plan. The programme works with a broad range of partners, including government departments, civil society, the private sector, academic bodies, and cooperating partners. Working through and playing an active role in the Sector Advisory Groups (SAGs) UNICEF successfully influenced the planning process for the Sixth National Development Plan to mainstream priorities for children, gender, and HIV.

## **UNICEF's Country Programme 2011-15**

UNICEF's country programme 2011-2015 will continue to support GRZ commitment to support addressing and strengthening the PMTCT programme in Zambia. Further support will be directed to strengthening policy, coordination and capacity development for the prevention, care, support and treatment of paediatric HIV, and towards the goal of the elimination of mother-to-child transmission of HIV.

Under the United Nations Development Assistance Framework, PMTCT contributes to achieving "Outcome 1: New HIV infections are reduced by 50 percent by 2015, while scaling up treatment, care and support" and "Outcome 3: Vulnerable people living in Zambia have improved quality of life and well being by 2015."

## **Expected Results in 2011-15 UNICEF Zambia Country Programme – PMTCT**

- Reduction of HIV incidence among reproductive aged women by 50% between 2010 and 2015.
- Reduction of the risk of transmission of mother-to-child transmission of HIV to less than 5 percent by 2015.
- Reduction of the unmet need for family planning to zero percent from the current levels of 27 percent by 2015.
- Provision of antiretroviral therapy to at least 95 percent of women and children living with HIV in need of treatment by 2015.