Countdown To Zero

Elimination of New HIV Infections Among Children by 2015 And Keeping Their Mothers Alive

Unite For Children
Unite Against AIDS

Swaziland (draft)

Country Situation

Background Statistics		
HIV prevalence - adults (ages 15-49)[1]*	25.9% [24.9-27.0%]	2009
HIV prevalence - pregnant women (all ages)*	–	–
Number of women living wih HIV delivering[2]	10,900	2011
Est. # children (ages 0-14) living with HIV[1]*	14,000 [8,300-18,000]	2009
Maternal mortality ratio[3]	320/100,000	2010
Est. annual births[4]	35,000	2010
Infant mortality rate[5]	55/1,000	2010
Under-5 mortality rate[6]	75/1,000	2010

Swaziland has the highest adult HIV prevalence (ages 15-49) globally, estimated at 25.9% in 2009. In 2011, an estimated 10,900 pregnant women and, in 2009, an estimated 14,000 children were living with HIV.

Swaziland has made significant strides towards achieving universal access to HIV prevention, treatment, and care for women and children. Both ANC utilization and PMTCT programme coverage is high. HIV testing among pregnant women increased from 39% in 2005 to 83% in 2010[7]. In 2011, 95% of pregnant women living with HIV (PWLHIV) received efficacious ARVs for PMTCT[2]. Between 2009 and 2011, there was a 40% decline in the number of new paediatric infections from 2,000 to 1,200[2].

Swaziland has adopted WHO Option A regimen for prophylaxis and a multi-sectoral HIV/AIDS Strategic Framework (2009-2014) is in place. Given high level of coverage of ANC, delivery by a skilled birth attendant and PMTCT intervention coverage, Swaziland is well placed to achieve Global Plan targets.

Reaching High Level Targets

Global 2015 Targets

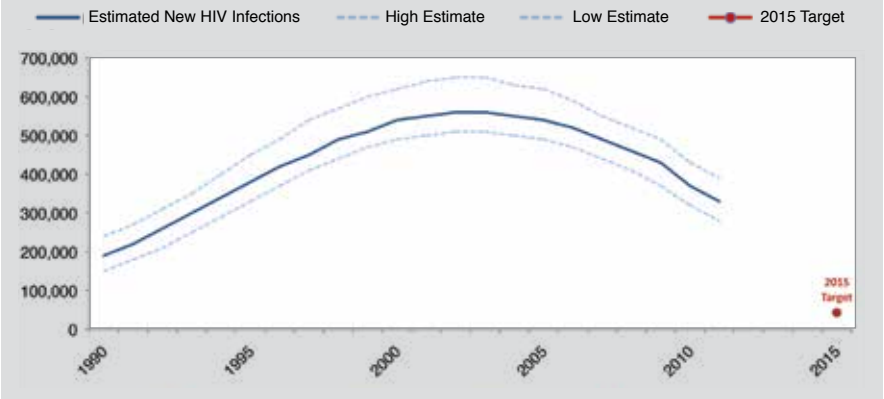
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

Globally, an estimated 330,000 children were newly infected with HIV in 2011 – down 24% from the 430,000 new infections in 2009. New paediatric HIV infections rose consistently until peaking at 560,000 in 2002 and 2003. Despite the significant progress that has been achieved, much more progress is needed in order to achieve that Global Plan target of a 90% reduction in the number of new HIV infections in children by 2015.[11].

Figure 1: Estimated number of new paediatric HIV infections globaly (ages 0-14), 1990-2011, and 2015 target[11]



Source: UNAIDS, unpublished HIV estimates, 2012

Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections[2]	2,000	–	1,200	–	–	–	–
	Number HIV-associated maternal deaths[10]	220 (2005)	150	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	30%[9] (2008)	23%[3]	–	–	–	–	–
	ART coverage among children (ages 0-14)[2]	53%	–	60%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49)[2]	3.39%	–	3.04%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49)	25%[10] (2007)	13%[11]	–	–	–	–	–
Prong Three	Mother-to-child transmission rate[2]	18%	–	11%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine)[2]	57%[a]	–	95%	–	–	–	–
	Breastfeeding ARV Coverage[2]	17%	–	34%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment[2]	40%	–	71%	–	–	–	–

Program Status According to PMTCT Prongs

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PRONGS 1&2 Primary prevention of HIV among women of childbearing age; Preventing unintended pregnancies among women living with HIV

Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Background Statistics		
Young people (ages 15-24) HIV prevalence[1]*	Female: 15.6% [12.6-21.3%]	2009
	Male: 6.5% [4.8-8.8%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months[11]	Female: 69%	2010
	Male: 85%	2010
Male partners of pregnant women attending ANC tested in last 12 months*	Male: –	–
Unintended pregnancies (ages 15-49)[10]	Female: 64%	2006-2007

Key Points

Among young people (15-24 years), HIV prevalence was very high and more than two times higher among young women (15.6%) than young men (6.5%) in 2009. In 2010, condom use at last sex among young people reporting multiple partners in the last year was higher among young men (85%) than young women (69%). The unmet need for family planning in Swaziland was estimated at 13% in 2010, and the rate of unintended pregnancies in 2006-2007 was very high (64%).

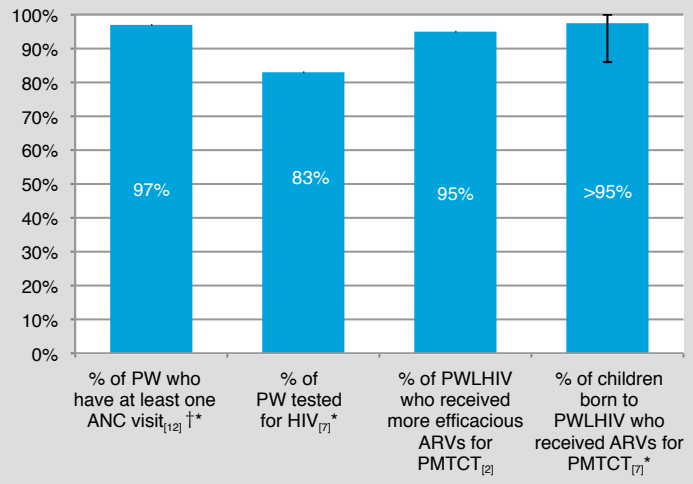
PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

Background Statistics		
Timing of 1st ANC visit (months)[10]	No ANC: 3% <4 months: 26% 4-5 months: 48% 6-7 months: 22% 8+ months: 1% DK: 1%	2006/ 2007
Percentage of women attending at least 4 ANC visits during pregnancy[11]	Total: 77% Urban: 80% Rural: 76%	2010
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs)[7]*	83%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT[7]*	>95% [86->95%]	2010
Skilled attendant at delivery (%)[11]	82%	2010
Exclusive breastfeeding for infants <6 months[11]	44%	2010

Figure 2: Coverage of selected PMTCT interventions (2010)



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

Key Points

ANC coverage among pregnant women in Swaziland was high (>95%)in 2010, and 82% of women accessed skilled attendance at delivery. Most women attended 4 ANC visits as recommended by WHO with similar high rates among rural and urban populations. In 2010, 83% of pregnant women were tested for HIV. Efficacious ARV prophylaxis was provided to nearly all pregnant women living with HIV (>95%) in 2011 as well as children born to PWLHIV (>95%) in 2010.

Program Status According to PMTCT Prongs

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PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

Global 2015 Target

- 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing[13]*	75%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth[7]*	89% [77->95%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth[7]*	54% [47-61%]	2010

Key Points

In 2010, 75% of pregnant women living with HIV were assessed with CD4 testing to determine their eligibility for ART, and 89% of infants born to HIV-positive women were started on CTX prophylaxis within 2 months of birth. Coverage of early infant diagnosis in 2010 (54%) was moderate. Pediatric ART coverage increased from 53% to 60% from 2009 to 2011. Among pregnant women with HIV, 31% received ART for their own health in 2011 (see Figure 3).

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010[13]*

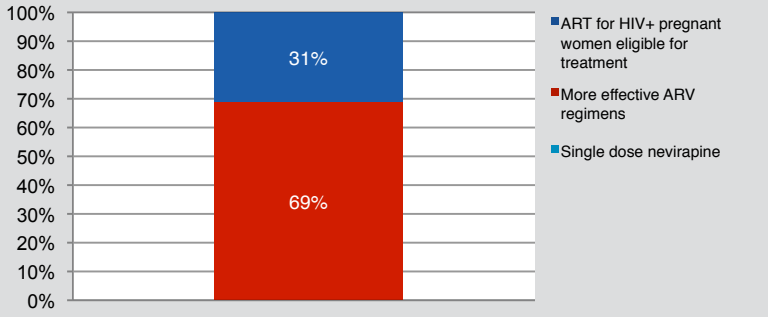
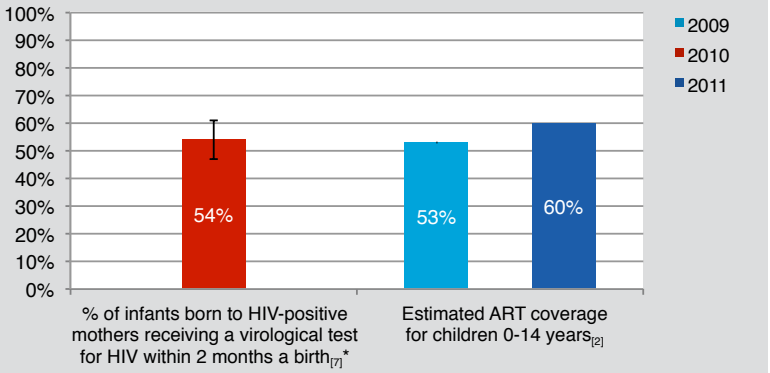


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges	The Bottom Line *If national EMTCT targets for Swaziland are to be met by 2015, the following actions should be considered:*
Very high HIV prevalence among adults (25.9%), and rate of unintended pregnancies and unmet need for family planning is high	Consideration should be given to innovative approaches such as "test and treat" and "treatment for prevention." Primary prevention and family planning targeting young females and pregnant women, is needed as well
While the overall performance of the MNCH service delivery system is impressive especially in the antenatal period, rates of early booking for ANC (26%) and coverage of PMTCT intervention around the postnatal period (54% EID) could be improved	Facility and community levels service delivery approaches should be implemented to foster and support early ANC booking, and improve access and uptake of PMTCT interventions across the postnatal maternal and child care continuum
Quality of MNCH and PMTCT services still need improvement with limited access to ART for HIV+ pregnant women (31%)	Capacity should be built at the facility and community level to improve the quality of MNCH health and access to ART for pregnant women living with HIV in need of treatment for their own health

References:

1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010

2 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS,* 2012

3 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010,* Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012

4 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*

5 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011,* Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011

6 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000.* Lancet 2012

7 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*

8 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010

9 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010,* Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010

10 Swaziland Demographic and Health Survey 2007, Final Report

11 Swaziland Demographic and Health Survey 2010, Preliminary Report

12 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011

13 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, Towards Universal Access: *Scaling up Priority HIV/AIDS Interventions in the Health Sector. unpublished estimates,* 2011

Notes:

* Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.

– Data not available.

† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.

[a] 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:

ANC: Antenatal care

ART: Antiretroviral therapy

ARVs: Antiretroviral prophylaxis

CTX: Co-trimoxazole prophylaxis

EID: Early infant diagnosis

EMTCT: Elimination of mother-to-child transmission of HIV

FP: Family planning

L&D: Labour and delivery

MMR: Maternal mortality ratio

MNCH: Maternal, newborn and child health

PMTCT: Prevention of mother-to-child transmission of HIV

PWLHIV: Pregnant women living with HIV

SRH: Sexual and reproductive health

WHO: World Health Organization